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The
Practice of Medicine
—
Custis

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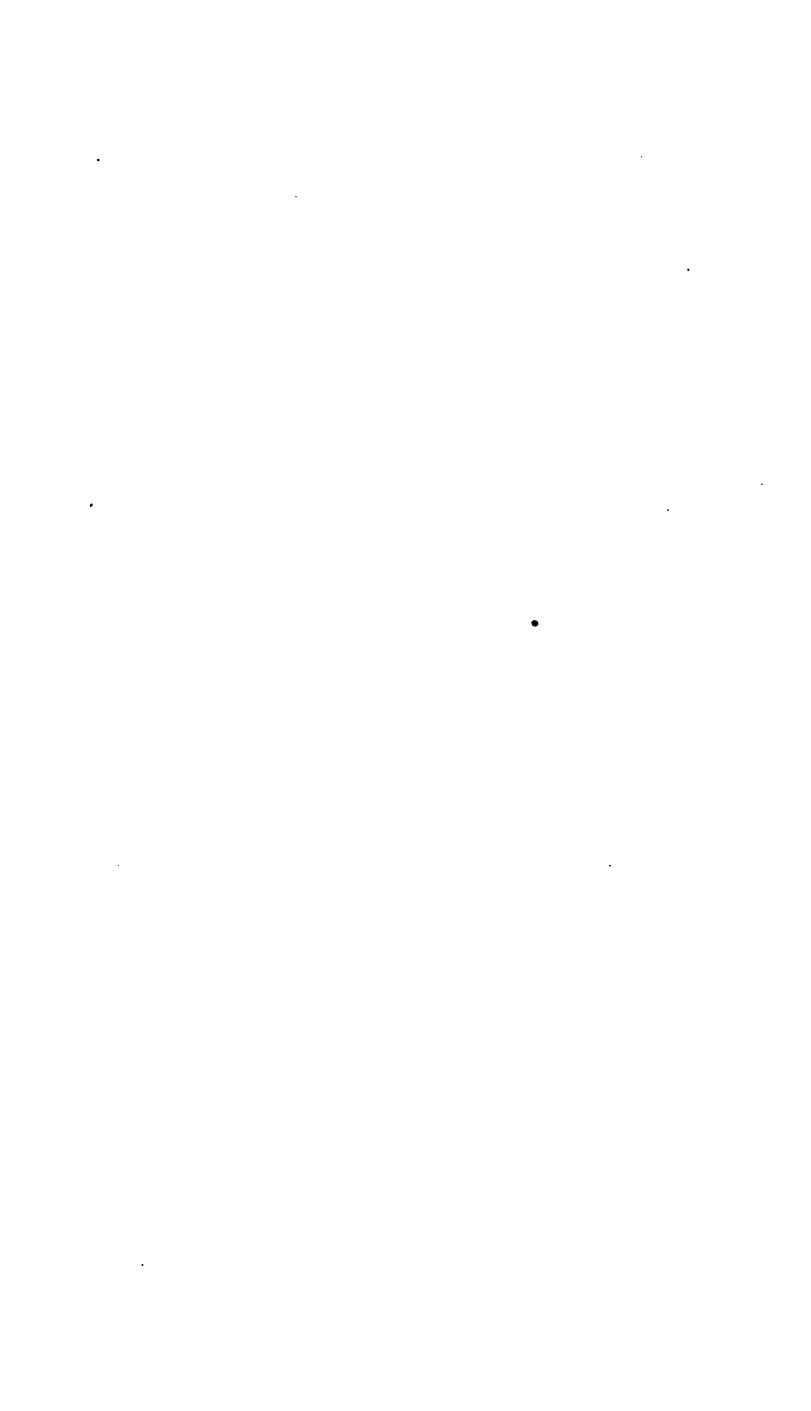


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THE
Practice of Medicine,

A CONDENSED MANUAL FOR THE
BUSY PRACTITIONER.

BY
MARVIN A. CUSTIS, M. D.

PHILADELPHIA:
BOERICKE & TAFEL.
1896.

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1896

PREFACE.

In presenting this Manual to the Profession the aim has been to give them a practical volume on the Practice of Medicine.

In the description of the diseases the latest definite views of etiology and pathology have been given; and, in the treatment, only those remedies are mentioned that have a definite relation to the disease treated of.

The symptoms of each remedy have been marked according to their estimated value; those put in *italics* are "distinct and positive" symptoms; while those marked by an asterisk (*) are the recognized "characteristic," or "key-note" symptoms; and, those left without a sign are the ordinary symptoms of the drug,

The standard works of both schools have been consulted in the preparation of this manual; and, the indications for the remedies are those accepted by the homœopathic medical profession generally as trustworthy and accurate.

M. A. C.

634 East Capitol St., Wash., D. C.
July 4, 1895.

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CONTENTS.

	PAGE.
Diseases of the Respiratory System,	I
Diseases of the Nasal Passages,	I
Diseases of the Larynx,	9
Diseases of the Bronchial Tubes,	22
Diseases of the Lungs,	45
Diseases of the Pleura,	68
Diseases of the Digestive System,	75
Diseases of the Mouth,	75
Diseases of the Pharynx,	81
Diseases of the Stomach,	87
Diseases of the Intestines,	104
Intestinal Parasites,	119
Diseases of the Appendix,	121
Diseases of the Rectum,	122
Diseases of the Peritoneum,	123
Diseases of the Liver,	129
Diseases of the Kidneys,	147
Diseases of the Bladder,	163
Diseases of the Blood,	168
Diseases of the Circulatory System,	180
Diseases of the Pericardium,	180
Diseases of the Heart,	186
Chronic Valvular Diseases,	193
Neuroses of the Heart,	198
Diseases of the Arteries,	203
Specific Infectious Diseases,	205
Constitutional Diseases	279
Diseases of the Nervous System,	293
Diseases of the Cerebral Membranes,	293
Diseases of the Cerebrum,	296
Diseases of the Spinal Cord,	309
Diseases of the Nerves,	324
General or Functional Diseases,	329
Index,	343

Diseases of the Nasal Passages.

ACUTE CORYZA.

Synonyms.—Acute rhinitis; acute nasal catarrh; or, as is generally termed, “cold in the head.”

Definition.—An acute catarrhal inflammation of the mucous membrane of the nasal cavities.

Etiology.—Exposure to atmospheric changes. The presence of some irritating substance in the nasal cavities, such as tobacco, dust, etc. As a symptom of another disease. Epidemic influences.

Pathology.—In the first stage we find the mucous membranes congested, swollen, bright red, and the secretions suppressed. This is soon followed by a flow of an irritating, thin, colorless secretion, excoriating the lips and nose; this, in turn, is followed by a flow of muco-purulent fluid.

Symptoms.—At first, have peculiar lassitude, slight dull frontal headache, and feeling of dryness and stuffiness of the nose. Coryza is sometimes ushered in with chilliness, with more or less fever. The nose in the beginning is generally obstructed, so that breathing has to be performed through the mouth. The discharge is first thin and irritating, but later becomes copious and muco-purulent.

Duration.—From a few days to two weeks.

Complications.—Conjunctivitis; pharyngitis; laryngitis; catarrh of the eustachian tube.

Prognosis.—Good.

Treatment—Is both abortive and curative.

Abortive.—If upon the first signs of a commencing cold the patient will go to bed and take a cup of hot water and wrap himself up warmly he will soon be in a sweat, which usually ends the matter. The *remedies* for aborting a cold are Aconite, Camphor, Gelsemium, Nux vomica.

REMEDIES.

Aconite.—At the commencement of an attack, *particularly if caused from an exposure to a dry, cold wind; and we have chilliness, followed by feverish heat; or for fever, after the chilliness has passed off. Headache, lachrymation, sneezing, roaring in the ears. Sleeplessness, great restlessness, and *fear of death. *Tickling in larynx, with short, dry cough. Amelioration in open air.

Ammonium Carb.—* Dry coryza, with stoppage of the nose, especially at night, and lachrymation.

Arsenicum.—Coryza, with headache, restlessness, and * prostration. * Distressing stoppage at the bridge of the nose; stuffed cold, * the nose seems stopped up, and still it runs (Nux vom.); fluent coryza, with frequent sneezing, hoarseness, sleeplessness, and swollen nose. * Profuse discharge of a watery, burning, and irritating mucus, excoriating the lips and nose.

Arum Tri.—* Coryza, with discharge of burning, acrid mucus, excoriating the nose and lips. * Constantly picking the nose until it bleeds.

Belladonna.—When there is a * sore throat associated with the coryza. * Throbbing headache. Face flushed. * Sleepy, but cannot sleep.

Bryonia.—* Irritable; wants to keep perfectly quiet.

Fluent coryza, with frequent sneezing, and *splitting headache. Stiff neck. *When the discharge has been checked, and there develops a dull throbbing headache of the frontal sinuses.

Carbo Veg.—For the first symptoms of a cold in robust persons. Coryza, with hoarseness, and rawness in the chest. Coryza *returns in the evening. *Ineffectual attempts at sneezing.

Cepa.—*Profuse, watery, burning, and excoriating discharge from the nose; *the discharge is very watery, drops from the tip of the nose. Constant and violent sneezing, particularly on entering a warm room. Much lachrymation, with swelling of the eyelids. Feeling of oppression in middle and upper part of the chest.

(Cepa is very apt to drive the catarrh to the chest, in which case study Phosphorus.)

Chamomilla.—For aborting coryza *in children and sensitive persons. *The patient is very spiteful and snappish, and, if a child, it must be carried to be pacified. *One cheek red, the other pale. The nose is stopped up, with discharge of a hot, watery mucus. Sneezing. Feeling as if coryza would appear.

Dulcamara.—*When the coryza is caused by exposure to damp, cold air; and renewed by the slightest exposure. *Worse in the open air, and better in a closed room.

Euphrasia.—In coryza, with a bland discharge from the nose, and an excoriating lachrymation.

Gelsemium.—For a disposition to catch cold from every change of weather. Colds during the spring and summer months. Coryza, consisting of a watery, excoriating discharge, making the edges of the nostrils red and sore. Tingling in the nose; *with violent morning paroxysms of sneezing. A feeling from the throat up into the left nostril, like a stream of scalding water.

Hepar Sulph.—After the previous exhibition of *Mercurius*, or when that substance has been abused. When the cold is renewed from every slight exposure to the air; and the headache increased by motion. *Coryza, with inflammatory swelling of the nose, painful like from a

boil, particularly the wings of the nose. *Also when the coryza affects only one nostril.

Kali Iod.—*Thin, unirritating coryza.

Magnesia Mur.—For the loss of smell and taste, which often remain after an attack of coryza.

Mercurius.—*Thin, watery coryza; with rawness and soreness of the nose and throat; and constant sneezing. *The patient has a disagreeable sense of warmth, but he cannot bear the cold. *When the coryza is fully established, with thick, unirritating, *slimy* discharge.

Nux Vomica.—For the first symptoms of coryza. *Cold from exposure to dry, cold winds, as from sitting in cold places, or on cold stones. *There is alternate feverishness and chilliness. *Dry coryza, violent sneezing, with stopped up feeling of the nose; itching of the eustachian tubes compels frequent swallowing, which keeps him awake nights. *Suppressed catarrhal discharges, with violent frontal headache. *The coryza is fluent in the day, and dry at night. *Alternately free and obstructed nasal passages. *Sensitiveness of the scalp to touch, ameliorated by covering. Catarrh better while in the cool air, and aggravated while in a warm room.

Pulsatilla.—*When the coryza has become fully established, with a thick, yellowish, or yellowish green discharge, which is perfectly bland; associated with loss of smell and taste.

Sambucus.—Particularly for coryza of infants. *The nose is perfectly dry, and completely obstructed.

CHRONIC CORYZA.

Synonyms.—Chronic nasal catarrh; chronic rhinitis.

Definition.—A chronic catarrhal inflammation of the mucous membrane of the nasal cavities; characterized by a sense of fullness in the nares, with an excessive and persistent secretion of mucus, and impairment of the sense of smell.

Etiology.—As a rule, the result of repeated attacks of acute coryza. From the presence of foreign bodies in the nasal passages. From the inhalation of irritating atmosphere. As a systemic dyscrasia, as in the case of syphilis, scrofula, etc.

Varieties.—There are two varieties of chronic coryza, viz.: hypertrophic nasal catarrh and atrophic nasal catarrh.

HYPERTROPHIC NASAL CATARRH

is a chronic catarrhal inflammation of the nasal mucous membranes, characterized by hypertrophy of the nasal tissues and membranes, causing difficult respiration.

There are *two stages* of hypertrophic nasal catarrh: (1) the stage of congestion; (2) the stage of true hypertrophy.

Symptoms.—The symptoms of the stage of engorgement are a profuse, watery nasal discharge; stoppage of one or both nasal passages. The stage of hypertrophy is characterized by stoppage of the nose; a constant desire to “hawk” to clear the nose and throat; discharge of a thick, ropy mucus. The nose feels dry, as a rule. With these symptoms, there are headaches and neuralgias. Hearing is generally impaired, and frequently the patient complains of “noises in the head.”

Inspection.—The tissues of the nasal cavities will be found thickened and firm to the touch; they may be indented, but will at once recover.

the tissues will be darker in color than the normal membrane. This thickening may be unevenly distributed over the membranes of one or both nasal cavities.

Prognosis.—Good, if the patient is otherwise healthy.

Treatment.—*Locally*, consists in keeping the parts free from discharges by antiseptic sprays; in correcting any malposition of the septum, and possibly the removal of the hypertrophied tissue.

Remedies.—Consult the remedies given at the end of the chapter.

ATROPHIC NASAL CATARRH,

or ozæna, is a chronic catarrhal inflammation of the nasal mucous membrane, characterized by atrophy of the nasal tissues and membranes, with decided fetid odor.

This form of catarrh generally follows the hypertrophic variety.

Symptoms.—There is great dryness of the nose, with occasional expulsion of “clinkers,” which may be blood-streaked; there is an offensive odor from the parts. The sense of smell is greatly impaired, if not entirely lost.

Inspection.—The cavities are abnormally large, due to the atrophied tissue. The membrane of the nose is pale, dry, and glistening. There are “plugs” adhering to the membranes.

Prognosis.—Treatment affords wonderful help, but seldom a complete cure.

Treatment.—*Locally*, the nasal passages must

be kept clean, and the clinkers prevented from forming by means of an alkaline spray.

REMEDIES

For chronic nasal catarrh:

Argentum Nitr.—Chilliness; stupefying headache; itching of the nose; discharge of pus, with clots of blood. Small ulcers form in the nares. Thick, tenacious mucus in the throat, compelling frequent hawking.

Arsenicum Iod.—In those of a tubercular diathesis. Acrid discharges from the nose, with burning sensations. Enlarged glands.

Aurum.—This is one of the best remedies for ozæna. *In syphilitic catarrhs. *Nasal bones very sore to the touch. *Exceedingly fetid odor. *Patient loathes life, with desire to commit suicide.

Graphites.—In those inclined to obesity. Swelling and dryness of the nose, with loss of smell. Discharge, from the nose, of fetid, thick, yellow mucus, which often forms hard masses or crusts. Nostrils are sore, cracked and ulcerated.

Hydrastis.—Soreness of the cartilaginous septum. Dull headache. The air feels cold in the nose. Hawks clinkers from the posterior nares. Ozæna with bloody, purulent discharges.

Kali Hyd.—If of syphilitic origin.

Kali Bich.—*Thick, tenacious, ropy discharge from nares. Plugs, slightly colored with blood, from posterior nares. *Ulceration of the nasal membrane.

Lycopodium.—Atrophic variety. *Stoppage of the nose at night.

Mercurius Prot.—*Base of the tongue covered with a thick, dirty, yellow coating. *Small ulcers on nose. *Collection of much tenacious mucus in the throat, causing constant inclination to hawk and spit.

Nitric Acid.—Syphilitic ozæna.

Psorinum.—*When other remedies fail, and the case is characterized by great fetor from the nose.

Phosphorus.—The nose is swollen and sore. * Soreness and rawness of the throat. * Great dryness of the throat, it fairly glistens. * The discharges are streaked with blood.

Pulsatilla.—* Thick, yellow or green discharge, associated with loss of taste and smell.

Sepia.—In those of a sallow complexion, with dark hair. * Painful eruptions on tip of the nose. The clinkers are green and bloody. This drug is particularly useful in the * atrophic variety of catarrh.

Silicea.—In those of a scrofulous diathesis. * Intolerable itching of the nose. * Great dryness of the membranes of the nose; * ulcers high up in the nose, with great sensitiveness to contact.

Sulphur.—* Psoric dycrasia. * Skin rough, scaly and scabby. * Smell before the nose as of an old catarrh. Bloody discharge when blowing the nose. Ulcers and scabs in the nose.

Diseases of the Larynx.

ACUTE CATARRHAL LARYNGITIS.

Synonyms.—Catarrhal laryngitis; pseudo-croup.

Definition.—An acute catarrhal inflammation of the mucous membrane of the larynx.

Etiology.—Predisposition in weakly individuals. Extension of an attack of coryza. Exposure to atmospheric changes. Inhalation of impure air. Presence of foreign bodies in larynx. Injury to larynx. Straining the voice. As a symptom of certain infectious diseases.

Pathology.—The mucous membrane of the larynx is at first congested, then inflamed. There is great dryness, owing to the arrested gland function, but the membrane soon becomes covered with mucus. The parts become greatly swollen.

Symptoms.—The approach may be very insidious; or it may be announced by slight rigors; or it may be sudden, with rapid rise of the temperature, with flushed face, dry, hot skin, frequent and hard pulse, and more or less impediment to the respiration. There is decided pain in the throat, with sense of constriction; or a feeling of dryness; or irritation as from the presence of a foreign body. Violent tickling, causing

cough, which is at first dry and spasmodic; but later becomes loose, with expectoration. There is great difficulty in swallowing. The voice soon becomes hoarse, and may, if the swelling of the mucous membrane be great, amount to complete aphonia. The throat is very sensitive, and the least touch often throws the patient into violent spasms.

Inspection.—In the early part of the disease inspection will reveal the whole larynx red and congested; later there will be considerable œdema.

Complications.—Extension of the inflammation downwards, thereby leading to bronchitis, pneumonia.

Prognosis.—The tendency is to recovery. The greater the œdema, the more grave becomes the prognosis. The younger the patient, the more doubtful the prognosis.

Treatment.—Confine patient to the bed. Have the room of an even temperature, and keep the atmosphere moist. Inhale steam. As a last resort, when the œdema of the glottis threatens life, scarification, or even tracheotomy, must be performed.

REMEDIES.

Aconite —* From dry, cold winds. * For the fever, with dry, hot skin; restless; hard, metallic cough. * Loud breathing during expiration. * During every cough-spell, the patient grasps his throat.

Apis.—"Should œdema glottidis supervene, repeated doses of Apis would give the best chance of averting tracheotomy."—*Hughes*.

Belladonna.—When the attack sets in with great vio-

lence. * Violent fever, with flushed face, throbbing carotids, and great heat of the skin.

Hepar Sulph.—When, after Aconite and Spongia, there remains a * loose, rattling cough. When symptoms of ulceration of larynx comes on. Hoarseness.

Lachesis.—* Extreme sensitiveness of the throat to touch, must pull away even the clothes.

Phosphorus.—* For the tendency to relapse. * Extreme rawness of the larynx. * For the hoarseness, which often remains after an attack of laryngitis.

Sambucus.—* For the suffocative attacks.

Spongia.—In the majority of cases, follows Aconite. * Respiration sawing, sounding like a saw driven through a pine board. * Must throw head back to breathe.

SIMPLE CHRONIC CATARRHAL LARYNGITIS.

Synonyms.—Simple chronic laryngitis; “clergyman’s sore throat.”

Definition.—A chronic catarrhal inflammation of the mucous membrane of the larynx, with tendency to remain stationary.

Etiology.—As a sequelæ of acute laryngitis; from extension of the catarrhal process from the nose in nasal catarrh; improper use of the voice in speaking, singing, etc.; mouth breathing; abuse of tobacco or stimulants.

Pathology.—The mucous membrane is dark, or may be even blue, in appearance; nearly always covered with mucus, but may be dry and shiny; sometimes the membrane is covered with ulcerations. The glands are large and prominent. The vocal bands become either relaxed or stiffened.

Symptoms.—Dryness of the larynx, with sen-

sation of constriction. The voice easily tires while speaking; becomes hoarse, and in some cases can only speak in a whisper. There is a hoarse cough, with scanty, viscid expectoration.

Treatment.—The body should be clothed properly and the patient instructed how to use the voice correctly. Cold water applied to the neck night and morning is beneficial.

Remedies.—Argentum nitr.; Arsenicum; Calcare carb.; Carbo veg.; Hepar sulph.; Iodine; Kali bich.; Nitric acid; Phosphorus; Sanguinaria; Selenium; Sulphur.

CHRONIC CATARRH OF THE LARYNX IN PHTHISIS.

Synonyms.—Laryngitis phthisica; tubercular laryngitis; throat consumption.

Definition.—An inflammation of the larynx, generally associated with pulmonary tuberculosis, characterized by pyriform swellings of the arytenoid cartilages, and possibly ulceration, particularly in the interarytenoid spaces.

Etiology.—In the great majority of cases is secondary to pulmonary tuberculosis.

Pathology.—The mucous membrane is at first pale, followed by redness of hyperæmia and inflammation; this is sometimes followed by ulceration, which is usually confined to the interarytenoid spaces.

Symptoms.—Interference with respiration; hoarseness; nervous cough, with slight expectoration; and painful deglutition.

Inspection.—The mucous membrane is anæmic, with patches of hyperæmia; ulceration, usually confined to the interarytenoid spaces; and pyriform swellings of the arytenoid cartilages, which is diagnostic of laryngeal phthisis.

Prognosis.—Bad, but life can be prolonged by careful prescribing.

Treatment.—Should be constitutional.

CHRONIC CATARRH OF THE LARYNX IN SYPHILIS.

Synonym.—Syphilitic laryngitis.

Definition.—An inflammation of the larynx, due to specific infection, characterized by condylomata, syphilomata, or ulcers, which are generally symmetrically distributed.

Etiology —Infection.

Pathology.—A catarrhal inflammation, in which the membrane of the larynx becomes livid or deep red, usually in patches; or may have gummatous tumors forming in rows; or ulcers, showing the general characteristics of syphilitic ulcers.

Symptoms.—Hoarseness; cough; and painful deglutition.

Inspection.—Shows the membrane as described under pathology; also, “two thick, red, narrow bands of inflammation running along the edge of the velum palate and stopping short equidistant from the root of the uvula, and a symmetrical distribution, in size, shape, and position, of brick-red patches of inflammation in the oral cavities.” (Dr. Seiler.)

Treatment.—Must be constitutional.

ŒDEMA GLOTTIDIS.

Synonyms.—Œdematous laryngitis; œdema of the larynx; œdema of the glottis.

Definition.—An infiltration of serous fluids; or of inflammatory products into the areola tissue of the larynx.

Etiology.—Generally a secondary disease. Those suffering from phthisis or syphilis are predisposed to œdema glottidis. One attack predisposes to another.

Pathology.—There is an infiltration of serous fluid into the cellular tissue of the larynx. This infiltration occurs more especially at the base of the epiglottis, and in the ary-epiglottic folds. The œdematous swelling may entirely disappear after death.

Symptoms.—The first sign is difficult respiration, particularly the inspiration; but later when the infiltration spreads to the aryteno-epiglottidean folds, epiglottis and cords, both the inspiration and expiration become embarrassed.

Laryngoscopic Examination—Reveals the parts swollen, tense and red, particularly at the ventricular folds.

Prognosis.—By prompt *homœopathic* treatment the prognosis is good, although the tendency of the disease is deathward.

Treatment.—Patient must be confined to bed; atmosphere to be kept moist. Patient may inhale steam. If dyspnoea becomes great, perform a *low*

tracheotomy, or use intubation tube; scarification being of doubtful utility.

Remedies.—*Apis* seems to be the best general remedy, and its exhibition is often followed by astonishing results; Dr. Hughes says: "Trust to *Apis*." But if there should be high fever *Aconite* must be used. If the œdema of the glottis is associated with general dropsy, then *Arsenicum*. When it is secondary to acute pharyngitis, Dr. Irvins says he "knows of no remedy to take the place of *Sanguinaria*."

SPASMODIC CROUP.

Synonyms.—Spasmodic laryngitis; false croup; catarrhal croup.

Definition.—An inflammation of the larynx, associated with spasm of the vocal cords.

Etiology.—The young are especially predisposed to it. Hereditary. Causes which excite laryngitis.

Pathology.—Congestion of the mucous membrane of the larynx.

Symptoms.—A sudden development, usually in the night, of embarrassed respiration, with a dry, ringing, suffocative cough. The skin, during the paroxysm, is hot and dry. After a certain time, which varies according to the severity of the paroxysm, the cough ceases, the skin becomes moist, the patient is relieved of the embarrassed respiration, and he falls off to sleep, to awaken next morning feeling quite well. There may be two or more such paroxysms during the

same night. The paroxysms are apt to recur on succeeding nights.

Prognosis.—Recovery.

Treatment.—Apply cloths wrung out of hot water to the neck. Hot foot bath. Plenty of fresh air.

REMEDIES.

Aconitum.—At the very commencement of an attack, especially if *caused from exposure to dry, cold winds. *The patient is awakened with a hard, dry, spasmodic cough. *Loud breathing during expiration, which ends in a coughing spell. The skin becomes hot and dry, and the patient feverish. A few doses of Aconite will, as a rule, cut short the attack, and is generally the only medicine needed.

Belladonna.—If the paroxysms show signs of *cerebral irritation. *Flushed face; throbbing carotids; and drowsiness. *The child jumps and starts in its sleep.

Chamomilla.—*If one cheek is red, while the other is pale. *The child is very irritable, cross, and must be carried up and down the room to be pacified.

Hepar Sulph.—After the previous employment of Aconite, or Spongia, when the *cough has become loose and rattling; the air passages seem to be full of mucus. Seems to be choking with every coughing spell. *When the paroxysms are worse in the after part of the night, toward morning. *When the slightest uncovering, even of a hand, brings on a spell of coughing.

Lachesis.—“This remedy has cured far advanced and apparently hopeless cases of croup, indicated particularly by *very distressing aggravations, after sleeping, as if the child were dying.* Or the child, as it were, sleeps into the croup and awakens with an attack.” (Guernsey.)

Phosphorus.—In advanced cases; the pulse thready and intermittent. Aphonia, sinking of the strength, cold sweat, and dropping of the jaws. *When there remains a hoarseness after an attack of croup. *Tendency to relapse.

Spongia.—After the use of Aconite. *The cough is hard, wheezing, and grating. *Can breathe better with the head thrown back. *Terrible suffocative spells. *The paroxysms come on, or are aggravated, in the early part of the night, before midnight.

Tartar Emet.—When there is threatened paralysis of the pneumo-gastric nerve. *The patient seems to be on the point of suffocation. *There seems to be a large quantity of mucus in the bronchial tubes, but none is expectorated. *Rattling of phlegm in the larynx at every coughing spell, while little or no phlegm is expectorated.

MEMBRANEOUS CROUP.

Synonyms. — Acute croupous laryngitis; pseudo-membraneous laryngitis; true croup.

Definition.—An inflammation of the larynx and sometimes of the trachea, characterized by the development of “false membranes.”

Etiology.—Exposure to atmospheric changes. The sudden retrocession of some eruptive disease. Predisposition. Children, from dentition to puberty, are more susceptible to it than adults.

Pathology.—Hyperæmia and inflammation of the mucous membrane of the larynx, sometimes that of the trachea, but rarely that of the fauces, with the development of a fibrinous exudate, which is not very adherent to the underlying structures.

Microscopic Examination—Shows this membrane to be composed of a net-work of fibrillæ, the meshes of which are filled with pus cells.

Symptoms.—The onset is very insidious, or it may develop as an ordinary catarrh or laryngitis. There is hoarseness, followed by difficult respira-

tion; dyspnoea is extreme, the child has to labor for its breath. We have fever, and all of its attending symptoms. Dry cough, stridulous in character, with a whistling sound during inspiration. If we now examine the throat, we will find a grayish-white membrane covering the larynx, sometimes part of the trachea, but seldom the fauces. After a certain time, which varies according to the severity of the paroxysm, the respiration becomes easier; the hoarseness ceases; the cough becomes loose, with expectoration of shreds of the membrane; and the patient gradually recovers. But if the case is going to prove fatal, the respiration becomes more embarrassed; the cough gets inaudible; the face becomes cyanosed; and finally, the patient dies from non-aeration of the blood.

Duration.—An attack usually lasts from one to five days, but it may be weeks before the voice is entirely regained.

Differential Diagnosis.—From *false croup* by the slowness of the onset; the elevated temperature; and the membranous exudate.

From *diphtheria* by the absence of any contagion; there being no constitutional symptoms as prodroma; and no swelling of the gland.

Prognosis.—Grave. "One of the most fatal diseases of children."—*Dr. Loomis*.

Treatment.—Place patient in large airy room; keep temperature at 75° F., and the atmosphere moist. Keep patient's strength up by giving highly nutritious liquid diet; and give alcoholic stimulants when the patient's condition demands

it. The inhalation of slaked, freshly burned lime may assist in detaching the membrane. May use peroxide of hydrogen as a gargle. When symptoms point to non-aeration of the blood let the patient inhale oxygen. As a last resort perform a tracheotomy, or possibly intubation.

REMEDIES.

Acetic Acid.—Held in high repute by some. To be used, in a weak solution, as a spray.

Aconite.—At the commencement, before the exude has formed; if there be fever, dry, hot skin, restlessness, cough and loud breathing during expiration.

Belladonna.—* If there is symptoms of cerebral irritation.

Bromine.—Especially in children having delicate skin, blue eyes, and light hair. When the case is characterized by great * constitutional prostration, and much * rattling in the larynx when coughing, but no choking. Spasmodic closure of the larynx, the child grasps for its breath. * The exudation forms in the larynx, and extends to the trachea. * Cough is wheezing and rattling.

Iodine.—This is one of our most potent remedies against true croup; give internally and apply externally by means of an atomizer, In children having a dark complexion, dark hair, and eyes. * There is severe pain in the chest and larynx, with hoarseness, or complete aphonia. The child continuously grasps its throat. Cough is dry, wheezing and sawing. * Coldness of the face in fleshy babies.

Kaolin.—* Extreme soreness of the chest.

Kali Bichromicum.—Suits light haired, plump and fat children. A very slow and insidious onset. * The air sounds as if passing through a metallic tube. * Expectoration of a tough, stringy mucus. Considered almost a specific for true croup by many physicians.

Sanguinaria Can.—* Dryness and burning of the throat,

sensation of swelling in the larynx, and expectoration of thick mucus. * Metallic and croupy cough of a "wheezing, whistling" character.

LARYNGISMUS STRIDULUS.

Synonyms.—Spasm of the glottis; Kopp's asthma; child crowing.

Definition.—A non-febrile, spasmodic affection of the larynx, characterized by temporary spasm of the abductors of the larynx, with great tendency to recurrence.

Etiology.—Irritation of teething. Gastro-intestinal irritation. Hysteria. Cachectic children are predisposed to it. Sequelæ of whooping cough. The pressure of tumors or aneurisms on the recurrent laryngeal nerve.

Pathology.—Not fully understood, but due to some irritation to the superior laryngeal nerve.

Symptoms.—Onset sudden, generally during the night. The patient awakes with dyspnoea and "crowing" respiration. Soon the respirations cease, from closure of the glottis; the face becomes cyanosed; the countenance anxious; and frequently spasms of other parts of the body. After a short while the spasm relaxes; the respirations become normal; and the child shows no signs, except fatigue, of its battle for life.

Differential Diagnosis.—The absence of fever and hoarseness, the pure spasmodic character of the paroxysm, will serve to distinguish it from any similar disease.

Prognosis.—In simple cases, favorable.

Treatment.—Remove exciting cause if pos-

sible. During attacks, may apply hot and cold applications alternately to larynx. Give Moschus, Amyl nitrite, or Chloroform by inhalation. If cyanosis becomes great give Oxygen gas.

Remedies.—Antimonium tart.; Arsenicum; Belladonna; Bromium; Calcareo phos ; Cuprum; Gelsemium; Ipecacuanha; Lachesis; Phosphorus; Sambucus.

Diseases of the Bronchial Tubes.

ACUTE CATARRHAL BRONCHITIS.

Synonyms.—Acute bronchitis; bronchial catarrh; “cold on the chest.”

Definition.—An acute catarrhal inflammation of the mucous membrane of the bronchial tubes.

Etiology.—Exposure to atmospheric changes; the inhalation of irritating vapor, dust, etc.; the extension of inflammation from the larynx; associated secondarily with certain infectious diseases, as measles, etc. Predisposing causes are: debility; occupations which confine one to the house; and the extremes of life.

Pathology.—The process is generally found only in the larger tubes, and usually in the tubes of both sides. There is hyperæmia and congestion of the mucous membrane, with redness, swelling, and diminished secretion. Later, there is a secretion of a yellowish or a whitish mucus, containing pus-cells; the secretion may also contain blood, due to rupture of some of the capillaries.

Symptoms.—The symptoms in the early stage are those of an acute coryza; chilliness, alternating with flushes of heat; sore throat; hoarseness; general malaise; and the patient complains of a sore, aching, and bruised feeling. The tempera-

ture is but moderately elevated. As the bronchitis becomes established, there appears a raw, burning pain behind the sternum, with sensation of constriction and oppressed breathing, but no dyspnoea. The cough, at first, is hard, dry, and racking, and may be paroxysmal. The expectoration, at first, is very scant, frothy, and may be streaked with blood. After the disease has lasted several days the cough becomes loose and the expectoration free. The character of the expectoration now changes to a yellowish or possibly to a greenish cast, and is muco-purulent or purulent. As the expectoration becomes free the other symptoms subside and the patient finds relief.

Physical Signs.—In mild attacks there are no distinctive physical signs, but in severer forms we find:

Inspection and palpation give negative results.

Percussion is normal, unless there is great accumulation of mucus in the tubes, when there is diminished normal resonance in the infra-scapular space.

Auscultation.—Vocal resonance is normal. In the early stage the respiratory murmur is feeble, and there is sibilant and sonorous râles over the whole chest. In the later stage there are large and small moist râles, which constantly change their locality, or they may temporarily disappear after a severe paroxysm of coughing.

Differential Diagnosis.—The mode of onset, and the physical signs, will prevent simple bron-

chitis from being confounded with any other disease.

Complications. — Emphysema; atelectasis; catarrhal pneumonia; capillary bronchitis.

Sequelæ. — Chronic bronchitis; circumscribed capillary bronchitis.

Duration. — From two or three days to as many weeks.

Prognosis. — In uncomplicated cases, the prognosis is favorable, except in the extremes of life. When complicated with heart disease, or with some infectious disease, the prognosis must be based upon the general condition.

Treatment. — For the abortive treatment consult chapter on coryza.

REMEDIES.

Aconite. — At the commencement of an attack, particularly if *caused from exposure to dry, cold winds; and there is *fever, dry, hot skin, restless, tossing about, and obstructed respiration. The cough is dry, hacking and worse at nights. *The pulse is full, hard and strong. Aconite in the first stage, to be followed by Mercurius later, is often, according to Dr. Hering, the only medicants needed.

Arsenicum. — When the patient has been reduced to *extreme debility and exhaustion; particularly in the aged. *The case has been allowed to run on unchecked, and there appear signs of pulmonary œdema,

Belladonna. — In the first stage, particularly in children. *There is high fever, flushed face, throbbing carotids, oppression and constriction of the chest. *Disposition to perspire. *The cough is paroxysmal and dry, from tickling in throat; child cries before coughing.

Bryonia. — After the fever has been allayed, and the disease is located in the larger bronchi. *The cough is hard,

dry, with sensation as if the chest would split and the head would fly off; *the patient desires to hold his chest when coughing. *There is hard and anxious breathing, with constant inclination to take a deep inspiration; he must sit erect. *The patient is irritable, and dislikes to move. *There is great dryness of the mouth and lips.

Chamomilla.—*Particularly in children. *When the child must be carried about to be pacified. *One cheek red, while the other is pale.

Ferrum Phos.—*The pulse is full and soft. *Cough with little or no expectoration; if any, it is apt to be blood streaked. There is soreness and heat in the chest. Schüssler says: "It takes the place of *Acon.* in the acute inflammatory stage;" but it does not. The character of the pulse will differentiate it from *Acon.*

Gelsemium.—In bronchitis occurring in the spring of the year, or in cases occurring when the weather is warm, damp and "relaxing." *There is a considerable degree of prostration, the patient is dull and drowsy. *The pulse is soft and weak. The cough is excited by a tickling or roughness of the fauces; there is rawness and soreness of the chest.

Hepar Sulph.—*Dry, spasmodic cough, usually coming in paroxysms, with wheezing over the whole chest. *The cough is excited by any attempt to draw a long breath, or the uncovering of any portion of the body, even the hands. Or, *Hepar* is useful after the previous employment of other medicines, *when the cough becomes loose, hoarse, rattling and choking; it seems as if the patient would choke in coughing.

Ipecacuanha.—When occurring in children. *Cough, with great rattling of mucus in the tubes; the chest seems full of mucus, but does not yield to coughing. *The cough causes dyspnoea, almost unto suffocation; the patient becomes livid in the face; and has sweat on the forehead. *Constant nausea.

Mercurius.—When the disease is just passing into second stage. *There is fever; alternate chills and heat, and tendency to perspire, without relief. *Violent, rack-

ing cough, worse at night, as if the head and chest would burst.

Nux Vomica.—*The patient is very irritable. *The cough is dry and fatiguing, from titillation in the larynx, worse after midnight; with pain in the stomach, and soreness in the abdominal walls.

Phosphorus.—When the disease threatens to involve the lung tissue. *There is great oppression and tightness of the chest; anxiety; burning and rawness of the chest. *The cough is dry, tickling, with trembling of whole body. *Sensitiveness and dryness of the larynx.

Pulsatilla.—In the *second stage of the disease, or *when the acute attack threatens to assume a chronic form. *Expectorations are thick, copious, and easy; *there is great soreness of the epigastric region. *The cough is loose during the day, with a dry, titillating cough at night in a recumbent position.

Tartarus Emet.—*When there is an enormous collection of mucus in the tubes, with difficult expectoration. *The cough is loose and rattling; with dyspnœa, and fear of suffocation.

CHRONIC CATARRHAL BRONCHITIS.

Synonyms.—Chronic bronchial catarrh; winter cough; chronic bronchitis.

Definition.—A chronic catarrhal inflammation of the mucous membrane of the bronchial tubes; generally due to some constitutional dyscrasia; and has a great tendency to recurrence.

Etiology.—It is either primary or secondary. *Primary*, when due to exposure to atmospheric changes or the inhalation of irritating atmosphere. *Secondary*, when due to some local trouble; from constitutional causes, as syphilis, rheumatism, gout, etc.; when it occurs as a com-

plication of cardiac, renal or pulmonary troubles; from chronic alcoholism.

Pathology.—The chronic inflammation may involve the whole, or only portions of the bronchi. The mucous membrane of the bronchi becomes reddish-bluish in color; and there is sometimes hypertrophy of both mucous membrane and glands; with excessive secretion. In cases of long standing there is irregular dilatation of the tubes.

Varieties.—(1) Mucous catarrh; (2) bronchorrhœa; (3) rheumatic bronchitis; (4) fetid bronchitis; (5) dry catarrh.

Mucous Catarrh.—The mildest form, and generally appears in the winter. The cough is slight and the expectoration is moderate in quantity.

Bronchorrhœa.—There is excessive secretion, may amount to from four to five pints in the twenty-four hours. This variety is generally found in the aged and those suffering from heart disease.

Rheumatic Bronchitis.—Bronchitis, with rheumatic symptoms.

Fetid Bronchitis.—When the expectoration has an exceedingly fetid odor. This variety, which is usually found in those who have a poor constitution and in drunkards, is nearly always associated with dilatation of the bronchi.

Dry Catarrh.—This variety is generally found complicated with emphysema, asthma, or gout, and is characterized by a severe paroxysmal cough, with scanty expectoration.

Symptoms.—The only characteristic symptoms of chronic bronchitis are: Cough, with expectoration; little or no fever; in fact, the general health may not suffer to any extent.

Physical Diagnosis — Uncomplicated cases have large and small râles, which vary in character.

Differential Diagnosis.—It is often difficult to diagnose between chronic bronchitis and phthisis; but, remembering in phthisis there is rapid emaciation, associated with certain physical signs which will be pointed out when considering that disease, and above all the presence of the bacilli tuberculosis in the sputum, one will not be led into error.

Complications.—Dropsies; congestion of the liver.

Sequelæ.—Pulmonary collapse; emphysema; bronchiectasis; dilatation of the right ventricle of the heart; and fibroid phthisis.

Prognosis.—Fair, if uncomplicated.

Treatment.—Remove the cause as far as possible. Wear flannel next to the body. Let diet be very nutritious. If possible go to a dry, warm climate, as the "southwest," or if there is emaciation a sea voyage may prove beneficial.

REMEDIES.

Aconite.—Dry cough, worse at night; every inspiration seems to increase the cough; he is disturbed in his sleep by the cough, which almost awakes him; he turns over, and as soon as he is fairly settled down to sleep again the cough recommences, and so continually repeats itself.

"In the dry form Aconite is one of our best remedies."
—*Dr. Burt.*

Antimonium Cru.—* When secondary to some stomach trouble; with a thick milky-white coat on the tongue; and nausea; * the cough has become loose, and is excited from being in the sun, or looking into the fire.

Argentum Nitr.—Suits the dry form, particularly when due to syphilis.

Arnica.—If due to mechanical injuries.

Arsenicum.—For the dry variety; when due to some organic trouble, particularly of the heart; or complicated with emphysema. * The cough is violent and dry, with shortness of the breath and suffocative spells, worse at night. * There is rapid emaciation and debility, with anguish and fear of death.

"Arsenicum is, after Aconite, one of the most important medicines in dry catarrh not of recent date."—*Dr. Meyhoffer.*

Bryonia.—Rheumatic variety. * The cough is dry, at night in bed, compelling one to spring up and assume an erect posture at once (*Dr. Guernsey*). * Dry cough, with pains in the chest, as if it would fly to pieces. * Patient dreads motion; cannot sit up as it causes nausea; the lips are dry and cracked.

Calcareo Carb.—Secondary bronchitis, due to scrofula or phthisis; and complicated with emphysema. Cough caused by sensation of plug, which moved up and down in the throat. Cough dry, especially at night; violent, first dry, afterwards with profuse salty expectoration, with pain as if something had been torn loose from the larynx, with rattling in the chest.

Carbo Veg.—Fetid variety. There is a great tendency of the chest to perspire. * Bronchitis in the aged. * Profuse expectoration of fetid matter.

Kali Bich.—* When there is an expectoration of tough, stringy mucus.

Lycopodium.—When complicated with emphysema; or when occurring in old people. The patient is quite emaciated. * Cough with excessive accumulation of

mucus. * The cough sounds loose, but the expectoration is not easy. * Cough worse from 4 to 8 P. M., on alternate days, from exertion, stretching the arms out, stooping and lying down, when lying on the (left) side, from eating and drinking cold things, in the wind or in the warm room.

Senega.—Particularly in old people. * When there is an enormous accumulation of phlegm, with a loose rattling cough. * Tendency to diarrhœa. Chest is painful and sore.

Sepia.—* Particularly when reflex in women with some uterine trouble; or from some stomach disease. Cough every evening, not ceasing until he coughs loose a little phlegm. Spasmodic dry cough, from tickling in the chest.

Sulphur.—* This is our best remedy for cases of long standing; with profuse secretion of mucus.

ACUTE CAPILLARY BRONCHITIS.

Synonyms. — Broncho - pneumonia; bastard pleurisy; suffocative catarrh.

Definition.—An inflammation of the mucous membrane of the small-sized bronchial tubes, or bronchioles.

Etiology.—Generally secondary to acute bronchitis. Any of the causes of acute bronchitis. As a complication of measles, whooping cough, etc. More common in the young and the aged.

Pathology.—There is hyperæmia and inflammation of the finer bronchial tubes, with redness and swelling, and exudation of tough, tenacious mucus.

Symptoms.—As capillary bronchitis is generally preceded by acute bronchitis, the invasion of the inflammation to the smaller tubes is not

marked by any special symptoms. Or, there may be a decided chill, fever, and great *dyspnœa*. The temperature may rise to 105° F., with accelerated respiration and feeble pulse. As the disease becomes established the temperature may fall a few degrees, but the respiration and the pulse stays the same. The cough at first is dry and paroxysmal, but later there is an expectoration of a tough, tenacious mucus. When the disease is fully established the lips, or possibly the whole face, may become blue, with all the signs of impeded respiration.

Physical Signs.—*Inspection*, as described above.

Percussion.—Normal, except in that portion of the lung which may be collapsed.

Auscultation.—*Subcrepitant* râles over the whole chest in general capillary bronchitis, or in circumscribed areas in localized capillary bronchitis.

Differential Diagnosis.—*Simple catarrhal bronchitis* does not have the high temperature, dyspnœa, cyanosis, and the subcrepitant râle that capillary bronchitis has.

From *catarrhal pneumonia* by the absence of areas of consolidation.

Pulmonary œdema has dullness on percussion, and a characteristic expectoration.

Complications.—Catarrhal pneumonia; emphysema; collapse of the lung.

Duration.—From ten hours to a week.

Prognosis.—Grave.

Treatment.—Confine the patient to bed, in a room where the temperature is kept about 75° F.,

and the atmosphere moistened with steam. Give nutritious liquid diet. Keep system supported by free stimulation; and if necessary, when cyanosis becomes marked, give oxygen gas by inhalation.

REMEDIES.

See indications for remedies as given under acute catarrhal bronchitis.

Aconite.—At the very commencement of an attack. *Fever; dry, hot skin; anxious and restless, with tossing about. †The pulse is full and hard. *Incessant dry cough, with irritation in the larynx. *The lungs feel as if they would not expand.

Arsenicum.—Advanced cases, where there is *great prostration, with sinking of the vital forces, and tumultuous action of the heart. *Oppression and difficulty of breathing; suffocative attacks. When complicated with oedema of the lungs, or emphysema.

Belladonna.—*In cases with cerebral symptoms. *Face flushed, eyes red, skin hot, but a disposition to perspire. *High fever, skin fairly burns the examining hand. *The child jerks and jumps in its sleep.

Bryonia.—Generally of use after the previous employment of Aconite, when the fever has somewhat subsided, and the cough has become looser. *The patient is now quiet, he does not want to move. *The cough is hard, with pains in the head as if it would fly to pieces, and the chest feels as if it would be torn asunder. *Cough worse at night, compelling one to spring up in bed and hold their chest.

Ferrum Phos.—In the first stages. *When the pulse is full and soft. *Cough is dry, or with a little expectoration, which is blood streaked.

Gelsemium.—*When the fever is of an intermittent or remittent type. *The pulse is full and round, seems to flow under the finger.

Ipecacuanha.—In the second stage. *Suffocative cough; copious secretion of mucus, which nearly suffo-

cates him during the cough. * The cough sounds loose, but there is little expectoration. * Cough with vomiting of phlegm.

Lycopodium.—* When the cough sounds very loose, with little expectoration; the patient is worse from 4 to 8 P. M., and when lying on the left side.

Mercurius.—* Dry, racking cough, as if the whole inside of the chest were dry. * Cough worse when lying on the right side, at night, or from the least draught of air.

Phosphorus.—As soon as the inflammation threatens to or actually does involve the lung tissue. See indications as given under pneumonia.

Tartar Emet.—Our mainstay in this form of bronchitis. * Great dyspnœa; wheezing respiration, constant rattling of phlegm in the chest, but no expectoration. * Subcrepitant râles heard through the entire chest. * When the cough ceases from weakness, but still there is rattling.

"Is unquestionably the great remedy for this dangerous form of bronchitis."—*Dr. Nichol.*

"The grand remedy for this dangerous disorder. Perfectly homœopathic to both local and general condition. I have almost invariably relied upon it single-handed, and have seen desperate cases recover under its use."—*Dr. Hughes.*

CROUPOUS BRONCHITIS.

Synonyms.—Fibrinous bronchitis; plastic bronchitis; pseudo-membranous bronchitis; diphtheritic bronchitis.

Definition.—An inflammation of the mucous membrane of the bronchial tubes, characterized by the formation of false membranes; it may be either acute or chronic.

Etiology.—The causes are unknown. Often due to the extension of membranous laryngitis to the bronchial tubes. Found more often in the

young, the male sex, and in those of feeble health.

Pathology.—Same as catarrhal bronchitis, *plus* the exudate, which is fibrinous in character. The exudate is in form of casts, white in color, and sometimes blood-streaked. The *microscope* shows these casts to be composed of a fibrillated membrane, in the meshes of which are leucocytes, fat globules and epithelial cells.

Symptoms.—Same as catarrhal bronchitis, from which it can only be distinguished by the expectoration of the false membrane or fibrinous casts.

Duration.—The acute form lasts from three to fourteen days. The chronic form lasts about ten days, to recur at intervals for years.

Sequelæ.—Pneumonia; pulmonary phthisis.

Prognosis.—In the acute form the prognosis must be guarded; more than one-half die (Dr. Loomis). In the chronic form death is rarely directly due to it, but a complete cure is doubtful.

Treatment.—Same as for catarrhal bronchitis until the expectoration of the membrane, when inhalation of the vapor of lime-water gives good results.

Remedies.—Consult indications for remedies as given under acute catarrhal bronchitis.

Bryonia, Bromine, Kali bich., Mercurius cor., and Spongia are particularly useful in this disease.

BRONCHIECTASIS.

Synonyms.—Dilatation of the bronchial tubes.

Definition.—A dilatation of the bronchial tubes, which is either general or circumscribed; and, is usually associated with chronic bronchitis.

Etiology.—Generally due to chronic bronchitis, or phthisis.

Pathology.—From chronic inflammation the bronchial tubes become weak and dilate from the strain of coughing. This dilation is either *cylindrical*, when the whole tube is dilated; or, *saccular*, when the tube is dilated here and there.

Symptoms.—The symptoms are, for the most part, those of the original disease. A paroxysmal cough with a periodically occurring, profuse expectoration of offensive matter is very suggestive of this disorder.

Physical Signs.—In the cylindrical variety the physical signs are those of chronic bronchitis; in the saccular variety the signs are those of a tubercular cavity.

Prognosis.—Depends upon the cause. Permanent cure is almost impossible.

Treatment.—The same as for chronic bronchitis.

ASTHMA.

Synonyms.—Bronchial asthma; spasmodic asthma; nervous asthma.

Definition.—A spasmodic contraction of the circular fibres of the bronchial tubes; giving rise to paroxysmal attacks of dyspnoea.

Etiology.—Hereditary predisposition can be traced in one-half of the cases. Among the exciting causes are: (1) some direct irritation of the respiratory mucous membrane; (2) from reflex causes; (3) as a complication.

Pathology.—A pure neurosis. The paroxysm is due to a spasmodic contraction of the circular fibres of the bronchial tubes, with the consequent narrowing of the same.

Symptoms.—Asthmatics, as a rule, from some peculiar symptom characteristic to themselves, know when a paroxysm is approaching. Frequently the paroxysm is developed suddenly, and generally during the night. The patient goes to bed feeling well, and after sleeping for a certain time the wheezing commences, and he awakes with violent dyspnœa. This dyspnœa compels him to spring out of bed, he rushes for the window, he must have air, he feels as if he was suffocating. He brings into play all of his abdominal muscles to help get his breath, but to no purpose. This exertion causes a profuse sweat. The expression becomes anxious, the face blue, and the extremities cold. The expiration is twice as long as the inspiration. There is a cough with a very scant, tenacious mucous expectoration. After from one-half to about three hours the patient commences to expectorate more freely, and is then relieved. The expectoration comes after the spasm has ceased. The expectoration consists of round pearl-like masses, composed of fine spirals of mucous, known as “*Wheeler’s spirals*.” The paroxysm is now

over, to reappear at some future time. During the interval, unless the asthma is complicated with some other disease, the patient is comparatively well.

Physical Diagnosis.—*Inspection* shows labored respiration, with the upper chest motionless; and, the general appearance as noted when describing a paroxysm.

Percussion yields hyper-resonance.

Auscultation, wheezing expiration, sibilant and sonorous râles, which are constantly changing their position.

Differential Diagnosis.—From *laryngeal affections* by the absence of change of the voice, and the presence of physical signs as given above. From *capillary bronchitis* by the mode of the invasion, and the absence of the subcrepitant râle. From *hay asthma* by the absence of the coryza.

Sequelæ.—Emphysema.

Complications.—Passive pulmonary hyperæmia; cardiac hypertrophy.

Prognosis —Favorable. Uncomplicated cases rarely prove fatal, although prone to recur. If complicated the prognosis must be based upon the cause of the asthma.

Treatment.—For the paroxysm, let the patient inhale *Amyl nitrite*; or, a few drops of Chloroform. During the interval attend to the general health.

REMEDIES.

Aconite.—If caused from exposure to dry, cold winds; or, from an existing bronchitis. * Full, hard and bound-

ing pulse. *Great fear and anxiety of mind. Knows he is going to die.

Ambra.—Asthma, with cardiac symptoms. Wheezing in the chest. Violent palpitation, with pressure in the chest, as if a heavy lump lay there.

Arsenicum.—For night attacks. *He awakes with spasmodic constriction in the chest, seems as if he would suffocate, panting and wheezing respiration, must incline the chest forward. *Extreme exhaustion, anguish, restlessness, and fear of death. *Cannot lie down for fear of choking. *Attacks from walking fast; or, ascending stairs. *The more the patient seems on the point of suffocating, the more painful and distressing his restlessness, the more wheezing and louder his respiration, the more Ars. will be found appropriate (*Baehr*).

"Undoubtedly the safest remedy for asthma."—*Dr. Baehr*.

"It forms a most important remedy."—*Dr. Laurie*.

Acid. Hydrocy.—One of the best remedies for the attack.

Belladonna.—As a palliative in acute cases, when accompanied by symptoms of congestion to the head.

Bryonia.—*From suppressed rashes. *The attacks are preceded by catarrhal symptoms. *Aggravated at night; and, from any motion. *There is decided pain in the chest, of a stitching character; inability to lie on the right side; hard cough, with little expectoration.

"Frequently suitable after *Ipec.* in acute asthma."—*Dr. Jahr*.

Cuprum.—*When the asthma is associated with spasms in other parts of the body.

Drosera.—Asthma of consumptives.

Hepar.—In cases depending upon chronic bronchitis. *The attack awakens the patient from sleep, with a rattling cough, constriction of the chest, and severe dyspnoea.

Ipecacuanha.—*To be given during an attack of asthma. *Violent constriction of the chest; threatened suffocation; made worse from any motion. *The face is

very pale and cold. * Wheezing and rattling in the chest. * The cough is very loose and rattling; but, there is no expectoration. * Disposition to vomit.

"I always commence the treatment with Ipecacuanha."
—*Dr. Jahr.*

"During the paroxysm, this remedy is one of the most frequently useful."—*Dr Laurie.*

"If no exciting cause can be traced, Ipecacuanha should be administered when bronchitic symptoms co-exist."—*Dr. Hughes.*

"One of the first remedies of which we think in an attack of acute asthma, and it is worthy of the place it holds."—*Dr. Nichol.*

Kali Bich.—When based upon bronchiectasis. Worse after midnight, from two to three A. M. Must sit up and bend forward. * Relief from expectoration of tough, stringy mucus.

Lachesis.—In women at the climacteric age. * Greatly aggravated after sleep. * The throat is very sensitive, cannot bear to be touched. * Great relief from expectoration of watery phlegm.

"This last symptom is a neglected characteristic of *Lachesis* in asthma."—*Dr. Farrington.*

Lobelia.—Spasmodic or nervous asthma, aggravated from any motion. * Attack preceded by sensation of pricking over the whole body. * There is a feeling of great weakness in the stomach; and, sensation as of a lump in the throat.

Lycopodium.—* Asthma from digestive disorders when there is a great accumulation of gas in the abdomen; and, relief from its passage.

Moschus.—* In hysterical subjects.

Nux Vom.—Simple spasmodic asthma, due to gastric irritation. * There is oppression and constriction of the lower part of the chest. Attacks occur after eating; or, at night. * Patient is very irritable. * Constant urging to stool.

"About the best curative medicine we have for simple spasmodic asthma, where there is no bronchial lesion,

but a standing reflex excitability of the pneumogastric to impressions from without or through the stomach."—*Dr. Hughes*.

Pothos Fœtidus.—"Worse from inhalation of dust, as for example the inhalation of the dust in a hay-loft."—*Dr. Farrington*.

Pulsatilla.—"In women with menstrual difficulties, particularly amenorrhœa; or, when caused from abuse of sulphur waters.

Sambucus.—Particularly in children. *Nightly suffocative attacks, with perspiration, and loud wheezing.

Spongia.—Severe asthma, aggravated from lying down. Due to phthisis, or goitre.

"Useful only in asthma depending upon tuberculosis."—*Dr. Baehr*.

Sulphur.—"For chronic cases of asthma. There is oppression of the chest, and shortness of the breath, on bending the arms backward. *Constant heat on the top of the head. *Feels weak and faint at eleven A. M.

"A most universal remedy for asthma. There is scarcely a case of asthma where *Sulphur* is not used."—*Dr. Hartman*.

HAY ASTHMA.

Synonyms.—Hay fever; yearly cold; rose fever; rose cold; autumnal catarrh; pollen catarrh; periodical vasomotor rhinitis.

Definition.—A catarrhal inflammation of the respiratory track, accompanied by a peculiar hyperæsthesia of its mucous membrane.

Etiology.—The result of irritation of the Schneiderean membrane by the pollen of different plants, particularly that of the grasses. The peculiar sensitiveness of the respiratory membrane to the pollen of plants is generally inherited.

Pathology.—Two theories: (1) A pure

neurosis; (2) due to irritation of a hyperæsthetic nasal membrane; generally associated with hypertrophic rhinitis.

Symptoms.--The attack of hay fever is ushered in by violent and prolonged fits of sneezing, with constant tickling and irritation in the nose. A copious discharge, from both the nose and the eyes, is present. The eyes become red and swollen. Attacks of asthma are often associated with hay fever; but coryza, or bronchitis always accompanies the hay fever.

Duration.—From six to eight weeks.

Prognosis.—Never proves fatal; but, complete cure is very doubtful.

Treatment.—The recognition and treatment of any existing catarrh, or other cause. A change of climate, the sea shore being the best. To stop the violent paroxysms of sneezing, Dr. Gatchell recommends plugging the nostrils with cotton, not tight, but so that the air, in breathing, will filter through. As a palliative, a solution of *cocaine* applied to the nasal membrane will relieve the sensitiveness to the pollen. As a prophylactic *Arsenicum* or *Cepa* may be given for some time before the expected time for the hay fever.

Remedies.—See remedies as given under coryza, bronchitis and asthma. *Arsenicum*, *Arsenicum iod.*, *Ailanthus*, *Ambrosia*, *Artemisia*, *Camphor*, *Cepa*, *Chininum ars.*, *Euphrasia*, *Grindelia*, *Ipecacuanha*, *Napthalin*, *Nux vom.*, *Rosa damas*, *Sabadilla*, *Silicea*, *Sanguinaria*, *Stitca pul.*, *Sulphur*.

HÆMOPTYSIS.

Synonyms.—Bronchial hemorrhage; bronchorrhagia; broncho-pulmonary hemorrhage; “blood spitting.”

Definition.—The expectoration of blood.

Etiology.—Generally occurs in those suffering from phthisis. From the inhalation of irritating gases; breathing too rarified air; an aneurism rupturing into the bronchial tube; a symptom of scurvy, or hæmophilia; occasionally as vicarious menstruation; traumatism; some obstructive disease of the heart, or liver. Hæmoptysis rarely occurs without some definite cause.

Pathology.—At the seat of the hemorrhage the bronchial mucous membrane will, at first, be dark red in color, swollen and relaxed, and will ooze blood upon slight pressure. The bronchial tubes will be more or less filled with clotted blood. After some time has elapsed the membrane will become pale in color, or, as is often the case, there will be no traces of the previous hemorrhage to be found.

Symptoms.—In a few cases there are no warning signs of the approaching hemorrhage. But generally the patient experiences a sensation of constriction in the chest, followed by a sensation of warmth and tickling under the sternum; with this there comes a peculiar sweetish taste in the mouth, when upon spitting the patient will find he is spitting warm, bright red, frothy blood. The irritation generally causes cough, which causes the patient to expectorate this frothy

blood. The quantity of blood expectorated varies from less than a drachm to a pound or over; sometimes so profuse as to gush out of the patient's mouth and nose. During the hemorrhage, although it may be comparatively slight, the patient becomes anxious, and often faints. Bronchial hemorrhages are very apt to recur.

Physical Signs. — Generally negative; but, there may be found moist bronchial râles.

Differential Diagnosis.—From *epistaxis* by the inspection of the nasal passages; and, absence of bright red, frothy blood.

From *hæmatemesis*, by the fact that in hæmoptysis the nausea and vomiting, if present, follows the expectoration of the blood. In hæmoptysis the blood is bright red, frothy and alkaline in reaction; while in hæmatemesis the blood is usually dark, coagulated and acid in reaction; and there will be found no râles in hæmatemesis.

Sequelæ.—Broncho-pneumonia; acute phthisis.

Duration.—From a few minutes to several days.

Prognosis. — Hæmoptysis seldom proves directly fatal; and, can often be quickly relieved by the homœopathic remedy alone. But it is of a bad import, as it is often a forerunner of phthisis; or, signifies that phthisis has already commenced to develop.

Treatment.—Absolute rest in bed, with head and shoulders elevated. Avoid all excitement, do not even let the patient talk. Give patient bits of ice to swallow; or, dissolve salt on his tongue.

REMEDIES.

Acalypha Ind.—* Violent, dry cough, followed by spitting of blood, which is usually bright red.

Aconite.—* Acute hemorrhage of bright, red blood; with symptoms of pulmonary congestion. * Great fear and anxiety of mind; knows he is going to die. * The cough is dry and hacking.

Antimonium Crud.—"A gradually declining cough, ending finally in a mere hacking, is very characteristic."
—*Dr. Fornias.*

Arnica.—* When due to mechanical injuries to the chest. * The blood is dark and coagulated. * Face hot, while body is cold.

Belladonna.—* Hæmoptysis, with symptoms of cerebral congestion. * Face flushed; throbbing carotids. * The chest feels as if it were filled with blood; there is a constant desire to cough, from tickling in the throat. * The blood feels very hot to the parts over which it passes.

Cactus Grand.—* When due to heart troubles. * There is great arterial excitement, with a sensation of constriction in the heart, as if bound by an iron band.

China.—* When, with the loss of blood, there is ringing in the ears, fainting, loss of sight, and extreme weakness. * Taste of blood in the mouth.

Crocus.—* Passive hemorrhage; the blood is dark and stringy. There is debility and palpitation of the heart.

Ferrum.—* Hemorrhage of bright, red blood, with flying pains in the chest, and pains between the shoulders; heavy breathing. Great weakness. * The least motion causes the face to become fiery red.

Hamamelis.—* Passive, venous hemorrhage. * Whenever the blood is dark, or clotted, and is raised without effort, this medicine will surely check the hemorrhage.

"This is well nigh a specific."—*Dr. Burt.*

"In passive hemorrhage of all parts, I have the utmost confidence in its use."—*Dr. Hughes.*

Ipecacuanha.—* Profuse discharge of bright, red blood, from least motion, without cough. * The hæmoptysis is preceded by a bubbling sensation in the chest. * There

is tickling behind the sternum; long and continued nausea; hard, heavy and oppressed breathing; and, a continual taste of blood in the mouth.

"Holds high rank."—*Dr. Hughes.*

"This is one of the most useful remedies."—*Dr. Burt.*

Millefolium.—* Active hemorrhage, of bright red, frothy blood; with little, or no, coughing; particularly in fleshy people.

Phosphorus.—* In tall, slender persons; tubercular diathesis. * There is a tight feeling in the chest; dry cough, with trembling of the whole body. * Weakness and emptiness of the abdomen, which is very distressing to the patient. * The blood pours out freely, then ceases for a time. * When there is decided periodicity in the appearance of the hæmoptysis; or, when the hæmoptysis appears in dangerous fevers.

Pulsatilla.—* Particularly in females who are very timid, and inclined to weep much; are constantly chilly; and, have suppression of the menses. * There is a loose, rattling cough, with expectoration of dark, coagulated blood; the blood is coughed up in pieces. * The patient seems to suffocate in a warm room; they must have air, they want the windows and doors open. * Aggravation in the evening.

Rhus Tox.—* After straining, lifting, or blowing of instruments. The hæmoptysis is accompanied by a dry, teasing cough.

Sulphur.—* For chronic cases; to prevent relapse.

Tartar. Emet.—When after the attack there remains for a long time a bloody, slimy expectoration.

Veratrum Vir.—* Active hemorrhage, from congestion of the lungs; with full, bounding pulse.

HEMORRHAGE OF THE LUNGS.

There are two varieties: *first*, hemorrhage into the lung, which is confined and outlined, with no destruction of the lung tissue, which is called "pulmonary infarction;" *second*, hemorrhage

into the lung, which is diffused and not outlined, with destruction of the lung tissue, which is called "pulmonary apoplexy."

PULMONARY INFARCTION.

A defined hemorrhage into the lung, without destruction of the lung tissue.

Etiology.—Organic heart disease. Embolism in one of the branches of the pulmonary arteries.

Pathology.—The infarction is usually situated in the inferior lobe of the lung, and near the periphery; it is wedge-shaped, with the apex pointing inward.

Symptoms.—Are few and vague. If the infarction is small there may be only spitting of a few small blood clots. If the infarction is large there will be dyspnœa, cough and expectoration of dark blood.

Physical Signs.—*Percussion* reveals dullness over site of the infarction; *auscultation* gives bronchial breathing.

Prognosis.—In simple cases, good.

Treatment.—Must treat the cause; and, prescribe for the existing symptoms.

PULMONARY APOPLEXY.

A diffuse hemorrhage into the lung, with destruction of the lung tissue.

Etiology.—Most frequent cause is the rupture of a thoracic aneurism; changes in the walls of the arteries; traumatism; gun-shot wounds.

Pathology.—The lung tissue is torn and permeated with blood. The blood may be either fluid or clotted.

Symptoms.—The symptoms are those of collapse.

Prognosis.—Very few ever recover from the immediate shock.

Treatment.—The same as for collapse.

CONGESTION OF THE LUNGS.

Synonyms.—Hyperæmia of the lungs.

Definition.—That condition where there is too much blood in the lungs; it may be either active or passive.

Etiology.—*Active* when due to increased circulation; associated with violent action of the heart; violent exercise; inhalation of an irritating atmosphere.

Passive when due to obstruction to the return circulation.

Pathology.—The lung is swollen, from the excess of blood; and, has a bright red appearance in active hyperæmia, and a dark red appearance in passive hyperæmia.

Symptoms.—*Active hyperæmia* is announced by severe dyspnœa and cough with a watery, blood-streaked expectoration. *Physical examination* shows slight dullness and crepitant râles.

Passive hyperæmia. The dyspnœa develops slowly, with cough, and watery, blood-streaked expectoration. Often the surface of the body becomes blue.

Duration.—From five hours to about three days.

Prognosis.—Favorable in the active form; must be guided by the cause in the passive form.

Treatment.—In the active form, give perfect quiet; light diet; and, sustain heart by stimulants if necessary. In the passive form the treatment must be directed to the primary cause.

REMEDIES.

Aconite.—This drug will cure the majority of cases very quickly. Fever; shortness of breath; dry, hacking cough, with expectoration of bloody mucus. *The patient is anxious, tossing about, and knows he is going to die.

“The main remedy.”—*Dr. Bachr.*

Belladonna.—* When there is a flushed face, throbbing carotids, and symptoms of brain irritation.

Veratrum Vir.—* When there is great arterial excitement. * Pulse is hard, strong, and quick. Rapid respiration; dull burning in the region of the heart.

HYPOSTATIC CONGESTION.

Synonyms.—Hypostatic pneumonia; splenization of the lungs.

Definition.—A congestion which occurs in the dependent portions of the lungs, generally bilateral; and, found in diseases which necessitate a confinement in one position for a long time.

Etiology.—Any disease which necessitates a protracted recumbent position.

Pathology.—The lung tissue is dark red and friable.

Symptoms.—There are no characteristic symptoms of this form of congestion.

Treatment.—Consists in preventing its formation by constantly changing the position of the patient. Friction of the skin will sometimes help. Cardiac stimulants must be administered.

PULMONARY ŒDEMA.

Synonyms.—Serous pneumonia; œdema of the lungs; dropsy of the lungs; hydrops pulmonum.

Definition.—A serous exudation into the air-vesicles, and into the interstitial tissue of the lung; generally a secondary affection; and, is either acute or chronic.

Etiology.—Frequently complicates Bright's disease. Increased heart action; congestion of the lungs; alcoholic excesses; breathing irritative atmosphere.

Pathology.—The œdema may be confined to a portion of the lung, or it may extend to both lungs; but it is generally found in the most dependent portions of the lungs. The weight of the lung is increased; and, upon opening the thoracic cavity the lung does not collapse; the lung pits upon pressure. In uncomplicated cases the lung is paler than normal; but, when the œdema is associated with pulmonary congestion the lung will be red. Upon section the lung exudes a frothy serum, which varies in color.

Symptoms.—The main symptom is dyspnœa, which may develop very suddenly. There is a spasmodic, retching cough, with a watery, frothy expectoration, more or less blood-streaked. Soon cyanotic symptoms develop; and, finally the patient dies of asphyxia.

Physical Examination. — *Inspection.* — Decrease in respiratory motions; and, evidence of severe dyspnœa.

Percussion.—More or less dullness over the seat of the œdema.

Auscultation.—Feeble respiratory murmur; bubbling râles.

Differential Diagnosis.—May be distinguished from *pneumonia* and *capillary bronchitis* by the mode of the invasion, there being no chill, fever and pains, as in these two diseases. The physical signs will serve to distinguish *hydrothorax* from pulmonary œdema.

Prognosis.—Very grave. Often a final condition in pneumonic inflammations and Bright's disease.

Treatment.—Depends almost entirely upon the original disease.

REMEDIES.

Aconite.—* If associated with fever; skin hot and dry; very restless and anxious; fear of death; dyspnœa.

Ammonium Carb.—* Give on first signs of drowsiness.

"May prevent poisoning of the blood by carbonic acid."—*Dr. Baehr.*

Arsenicum.—* When associated with general dropsy. * Great prostration; restless, anxious and tosses about. * Burning in the chest. * Cannot lie down from fear of suffocation.

Carbo Veg.—Loud, rattling breathing; dyspnœa; great anxiety, but not restless; cough in violent spells, with profuse, watery expectoration. * The breath becomes cold. * The patient wants to be fanned.

China.—* If from loss of fluids.

Ipecacuanha.—* If the cough is decidedly spasmodic. * The lips and tongue become blue. * Rattling of mucous in the bronchial tubes.

Phosphorus.—* When œdema of the lung develops during the course of other diseases of the lungs. Difficult

inspiration; chest feels full and heavy. *Tightness in the chest. *Dyspnœa with fine râles.

"Sometimes has a brilliant effect."—*Dr. Bachr.*

"Œdema following acute congestion."—*Dr. Clarke.*

Tartar Emet.—*The respiration becomes rapid, short and difficult; seems as if suffocation was inevitable. *Cyanotic symptoms develop. *Great dyspnœa, must set up. *Loud coarse râles; rattling of mucus in the chest; may or may not expectorate. The bronchial tubes are loaded with mucus.

"I have more than once seen the œdema subside entirely under the use of this medicine."—*Dr. Hughes.*

CROUPOUS PNEUMONIA.

Synonyms.—Acute lobar pneumonia; lung fever; pleuro-pneumonia; pneumonitis.

Definition.—An acute specific inflammation of the vesicular structure of the lung, characterized by an exudate of coagulable lymph into the air vesicles, rendering them impervious to air.

Etiology.—The exciting cause is Fränkel's *diplococcus pneumoniae*. The predisposing causes are: The extremes of life, alcoholism, exposure to atmospheric changes, any cause which lowers the general vitality, or depresses the heart. One attack renders the individual more liable to a subsequent attack. Sometimes "epidemic."

Pathology.—The inflammatory process most frequently involves the inferior lobe of the right side, rarely involves both lungs at the same time, and generally extends to the surface of the lung which joins the pleura.

There are three stages: (1) the stage of hyperæmia or engorgement; (2) of red hepatization or

exudation; (3) of gray hepatization or resolution.

I. *Stage of hyperæmia*, or engorgement. In this stage the lung is distended; firm to the touch; increased in weight; of a dark brown color; and, does not collapse on opening the thoracic cavity. On section a thin, frothy, bloody serum exudes. The *microscope* shows the capillaries distended and tortuous, diminishing the lumen of the alveoli; the air vesicles are more or less filled with epithelial cells. The duration of this stage is about three days.

II. *Stage of red hepatization*, or exudation. That portion of the lung in which hepatization has set in is very much swollen, of a dark red color, and mottled. It is solid, firm and friable; airless, and consequently there is no crepitation; and, it rapidly sinks when placed in water. A *section* will present a granular appearance, owing to the coagulated lymph in the air vesicles; and a dark fluid will ooze from the cut surface. A *microscopical* examination will, if the section is correctly prepared, show the diplococcus. The fibrinous plugs filling the air vesicles will be seen to be composed of fibrin, red blood corpuscles, epithelial cells and leucocytes. The duration of this stage is from three to seven or eight days.

III. *Stage of gray hepatization*, or resolution. Owing to compression of the blood vessels, the disappearance of the red blood corpuscles, the appearance of leucocytes and fatty changes in some of the inflammatory products, the dark red appearance of the lungs, as seen in the second

stage, gives place to a more mottled appearance; and, the parts become gray in color. The solidified parts soften, may become a mere pulp; and, in favorable cases absorbed. The air vesicle returns to its normal condition. The duration of this stage is from one to three weeks.

Instead of the favorable termination in resolution and absorption, there may be a termination in: (1) abscess; (2) gangrene; (3) purulent infiltration; (4) or, rarely in chronic interstitial pneumonia.

Symptoms.—In a few cases there is loss of appetite; general malaise, etc., preceding the attacks; but, in the majority of cases pneumonia begins suddenly with a sharp, well defined and prolonged chill that lasts from two to three hours; a rapid rise of the temperature, often reaching 105° F. in the first twenty-four hours, with slight morning remissions, until the fifth, the seventh, or the ninth day, when the temperature falls by crisis—rarely by lysis. With this fever there is experienced a severe pain in the affected side, usually beneath the nipple, aggravated by coughing, or by taking a deep inspiration. The pulse is full, rapid and tense. There is severe dyspnoea; rapid, shallow and panting respiration, that may be from thirty to eighty per minute; the usual ratio between the pulse and the respiration is lost early in the disease, the ratio may be one to two. A cough is soon developed; at first it is hard and dry, with a frothy expectoration; but, about the third day the expectoration changes to the charac-

teristic tough, gelatinous and tenacious mucus, "brick dust" or "rusty" in color. *Microscopically* the sputum contains blood corpuscles, leucocytes, diplococci, and other micro-organisms. There may be certain cerebral symptoms, the most constant being headache, which usually diminishes after the third day; sleeplessness; and possibly slight delirium. The expression becomes anxious; the face flushed with a circumscribed flush over the malar bones, known as the "*pneumonic spot*;" and, often there is an hepetic eruption over the cheeks and lips. The gastric symptoms are unimportant. The urine is high colored and scanty, with diminished chlorides, and increased urea and uric acid.

Physical Examination. — *Inspection.* — First and second stages show deficient respiratory motion.

Third stage: In this stage the respiratory movement commences to be apparent.

Palpation. — First stage: Slight increase of the vocal fremitus.

Second stage: Great increase of the vocal fremitus.

Third stage: The gradual diminishing of the vocal fremitus.

Percussion. — First stage: Percussion note impaired; possibly tympanitic.

Second stage: Marked dullness, with sense of resistance.

Third stage: The gradual subsidence of all abnormal sounds.

Auscultation.—First stage: Fine crepitant râles.

Second stage: Bronchial respiration and bronchophony.

Third stage: The abnormal signs disappear. The bronchial respiration gives place to bronchovesicular breathing; there are large and small moist râles.

Atypical Cases.—*Typhoid Pneumonia* is that form of pneumonia which is accompanied by typhoid symptoms; it is characterized by great prostration, low form of fever, delirium, etc.

Bilious Pneumonia.—When pneumonia is complicated with hepatic congestion.

Pneumonia of Drunkards.—In this form there is a severe maniacal delirium; in fact, almost amounting to delirium tremens.

Senile Pneumonia.—In old persons pneumonia may rapidly end fatally without warning. There is generally little, or no dyspnoea, pain, or cough; in fact, it is often difficult to make a correct diagnosis.

Pneumonia in Children.—Frequently commences with convulsions and resembles meningitis.

Differential Diagnosis.—*Pulmonary œdema* has not the chill, fever, and pain in the side that characterizes pneumonia. In œdema the expectoration is watery, and does not contain the diplococci.

Pleurisy has not so marked a chill, or so high a fever as pneumonia. Attention to the physical signs, and microscopical examination of the sputum will differentiate the two diseases.

Acute Phthisis.—Microscopical examination of the sputum will reveal the presence of “bacilli tuberculosis” in acute phthisis; and the diplococci in pneumonia.

Typhoid Fever.—Attention to the history of the case and mode of invasion will prevent mistaking pneumonia for typhoid fever.

Duration.—The average duration of an attack of pneumonia is from fourteen to twenty-five days. Homœopathic treatment is capable of arresting pneumonia in any of its stages; and, under its influence the average duration of an attack of pneumonia is only about ten days.

Prognosis.—In acute, uncomplicated pneumonia the prognosis is good. In extremes of life and in drunkards the prognosis is doubtful. The unfavorable signs are: Continued temperature of 106° F.; a rise of temperature after the fourth day; pulse of 130 or over, or if it should become irregular; and, delirium after the sixth day.

Treatment.—Put patient to bed, may be propped in a raised position. Keep the room at a temperature of 70° F., and admit plenty of fresh air. A dry, hot, hop poultice applied over the affected portion of the lung will greatly relieve the severe pains. Watch the heart, remembering not to rely solely upon the wrist pulse, but listen to the heart sounds, and as soon as signs of failure of the heart appear, administer alcoholic stimulants, and lastly oxygen gas.

The diet must be light and nutritious; milk being the best article of food.

Schussler advises *Ferrum phos.* for the first

stage; *Kali mur.* for the second stage; and *Calcareo sulph.* for the third stage.

REMEDIES.

Aconite.—* For the first or congestive stage. Sthenic cases. * For the initiatory chill and fever; severe chill and high fever; pulse full, hard, and strong. * Severe dyspnoea; dry, teasing cough, with tingling in the chest, and watery or frothy sputum. * Severe sharp, stitching pains, particularly when coughing. * Restless, great anxiety, and fear of death, knows he is going to die, predicts the day of his death. * The disease progresses by fits and starts.

"I uniformly begin with Aconite."—*Dr. Holcombe.*

"In the first stage, Aconite can do a great deal towards cutting the whole disease short."—*Dr. Jahr.*

Ammonium Carb.—"When there is great debility, together with symptoms pointing to the formation of heart clots."—*Dr. Farrington.*

Arsenicum.—* In advanced cases, where gangrene threatens; or, there is a tendency to collapse. * Great exhaustion and prostration. Diarrhoea. * Anxious, tossing about.

Belladonna.—* If with cerebral symptoms. * Threatened convulsions. * Face bloated and flushed; pupils dilated; and throbbing of the carotids.

"In the case of very old people *Belladonna* is usually preferable to *Aconite* at the outset; likewise in pneumonias of drunkards."—*Dr. Bachr.*

Bryonia.—* After croupous exudation has taken place. * After *Aconite* has reduced the more severe fever, and relieved the extreme mental distress; and, there are signs of perspiration. * The patient is now quiet and exhausted; does not want to be moved; feels faint when raised to a sitting posture. * Mild delirium, he talks of his occupation, or desires to go home. * Dull frontal headache. * Pressure on middle or lower part of the sternum; bruised feeling in the chest; constriction in the chest; wants to breathe deeply, but feels as if the lungs

could not expand sufficiently. *Patient is relieved by lying on the painful side. *Cough; must set up, and hold the chest; violent stitching pains; expectoration of a tough, tenacious mucus of the so-called "brick dust" color; when expectorated it falls in a round jelly-like lump. *The liver becomes involved. *The tongue is thickly coated with a white fur. *Great dryness of the mouth, with thirst for large quantities of water at a time.

"Pleuro-pneumonia—*Bryonia* is almost a specific."—*Dr. Eurt.*

"The most essential remedy in second stage."—*Dr. Baehr.*

"No remedy in the *Materia Medica* has a stronger claim to a position among the anti-pneumonia remedies than *Bryonia*, judging from both its provings and from clinical experience."—*Dr. Goodno.*

"Bilious pneumonia has often yielded to *Bryonia*."—*Dr. Kreussler.*

Carbo Veg.—*In the third, or suppurative stage. *Neglected cases; or, attacks in emphysematous persons. *If collapse threatens. *The face is hippocratic; nose cold and pinched; hands and feet cold. "The face is bloated, with swelling of the facial veins" (*Dr. Baehr*). Cold sweat. *The patient wants more air, they must be fanned. *The pulse is small and frequent. *Their breath becomes cold. *Cough with rattling of mucus in the chest, expectoration greenish, fetid and bloody. *Bad smelling diarrhoea. In fact, all of the discharges have a bad odor.

"If pneumonia assumes a chronic form; if abscess and gangrene set in; if the sputa become fetid and badly colored, no remedy is likely to afford the least help if *Carbo* fails us."—*Baehr.*

Chelidonium.—Pneumonia with bilious, or gastric complications. *Constant pain under the inner lower angle of the right shoulder blade.

"My experience with it in pneumonia is, that, when the liver is implicated, and the right lung is affected, it

will prove useful, if a yellow, slimy diarrhœa is found."—*Dr. Hale.*

Cuprum.—*To bring about a reaction when paralysis of the lung threatens. *There are sudden attacks of dyspnœa, followed by great exhaustion. The body becomes cold, with a cold viscid sweat.

Ferrum Phos.—*Secondary pneumonia. *Pneumonia in feeble persons. *Slight chill, low fever. *The pulse is full and soft. *Expectoration of pure blood; or, blood streaked mucus.

Hepar.—Third stage. *When the expectoration becomes purulent; abscess threatens.

"Preferable to other remedies after the third stage has set it."—*Dr. Bachr.*

"During resolution, pus forms and you have present suppuration instead of the normal resolution."—*Dr. Farrington.*

Kali Sulph.—Third stage. *Expectoration is yellow. *Great wheezing in the chest.

Lycopodium.—*In neglected cases; when suppuration has taken place, with hectic symptoms. *The expectoration is muco-purulent. *When coughing, it sounds as if the whole parenchyma were softened; raises whole mouthfuls of mucus at a time.

"When the inflammatory symptoms have been subdued, but the expectoration presents a muco-purulent appearance, and there is great prostration, with nocturnal sweats, *Lycopodium* has been found very efficacious."—*Dr. Laurie.*

Mercurius.—*Bilious pneumonia. When pneumonia is complicated with bronchitis. *When the fever has been subdued; but, the pain and dyspnœa remain. Cough, with blood-streaked expectoration. *Sharp, shooting pains through the lower portion of the right lung to the back. *Stools slimy, with tenesmus.

Phosphorus.—Has achieved success in all stages and in all forms; but, especially in the stage of red hepatization and in the typhoid form. In cases where the bronchial symptoms are prominent; or, where œdema threatens.

* A large portion of the lung is involved by the inflammation, and there is extreme dyspnoea, but there is comparatively no pain. * Dryness of the air passages; with feeling of rawness in the upper part of the chest. * Tightness across the chest. Cough hard and dry. * Expectoration rusty, or brick-dust, in color; of a "dirty appearance, resembling pus, but thinner; and when falling on a hard surface will break and fly like thin batter" (*Pier-son*). * Heat in the back, between the shoulder blades.

"It always remains our sheet anchor in pneumonia."—*Dr. Hirschel*.

"For the stage of hepatization, *Phosphorus* is the prominent remedy."—*Dr. Holcombe*.

"Occupies a high place in the treatment of this disease, particularly if it takes a typhoid form."—*Dr. Burt*.

"When bronchial symptoms are prominent, it is almost certain to be the remedy."—*Dr. Farrington*.

Rhus Tox.—* When the pneumonia assumes a typhoid form. * The patient is very restless, continually moving about. * Dry, teasing cough, as if it would tear something loose in the chest; with prune-juice expectoration.

Sanguinaria.—* When suppuration and hectic take place. * Cough, with rust-colored and offensive expectoration. * Circumscribed redness of the cheeks. * The patient feels faint; weak, faint feeling about the heart. * Hot hands and feet. * Dyspnoea, wants to breathe deeply, but the effort causes pain in the right side of the chest.

Sulphur.—* To promote resolution.

"A deficiency of reaction and a simultaneous absence of such symptoms as point directly to the destruction of the organic powers, constitute, in our opinion, the best indications for *Sulphur*."—*Dr. Baehr*.

Tartar. Emet.—Will aid expectoration when resolution begins to take place. * Great prostration of the vital forces, especially after partial breaking down of the exudation. * Dyspnoea; fits of suffocation; must sit up. * Cough, with a large accumulation of mucus in the bronchial tubes, but cannot expectorate. * Cough is loose,

rattling, and suffocative. *Threatened paralysis; or, œdema of the lungs.

"Produces a perfect picture of pleuro-pneumonia."—*Dr. Farrington.*

"Suitable in cases characterized by the persistency of hepatization, with difficult expectoration."—*Dr. Jousset.*

"Undoubtedly one of the most important remedies, but only when pneumonia deviates from the normal course."—*Dr. Bachr.*

Veratrum Vir.—*In the first, or congestive stage, with great arterial excitement. Hard, prolonged chill; full, bounding pulse. Short, dry, hacking cough. Difficult and labored breathing. Faint feeling in the stomach.

"*Veratrum viride* comes in as an invaluable remedy in those violent congestions which precede pneumonia. It may even abort the whole disease."—*Dr. Farrington.*

CATARRHAL PNEUMONIA.

Synonyms.—Lobular pneumonia; broncho-pneumonia; ensular pneumonia.

Definition.—An acute catarrhal inflammation of the terminal bronchioles and air vesicles of the lung; the inflammation forming scattered points of consolidation throughout the lung. Catarrhal pneumonia may be acute or chronic; but, is generally a secondary disease.

Etiology.—Usually secondary to bronchitis, the inflammation traveling from the tubes to the air cells. More frequent in the young, particularly in the first three years of life. Frequently follows measles, scarlet fever, whooping cough, etc.

Pathology.—There is inflammation and swelling of the mucous membrane of the bronchioles and air vesicles; with excess of secretion. The

vesicles are filled with fibrin, leucocytes and epithelial cells, forming small scattered nodules, varying in size, of a reddish gray color, throughout the lungs. There may be small areas of collapsed lung, from the occlusion of the bronchus. The nodules undergo fatty degeneration and are absorbed. Catarrhal pneumonia usually involves both lungs.

Symptoms.—The acute variety is almost always found in children; while the sub-acute and chronic varieties are found in adults.

The Acute Variety.—The first symptoms are very indistinct, being masked by the preceding disease. Catarrhal pneumonia is seldom ushered in by a chill, but there is a gradual rise of temperature, which is very irregular, and runs no definite course. Dyspnoea is marked; the breathing is rapid and labored. There is a short, hacking cough, with muco-purulent expectoration. The pulse becomes very rapid, may rise to 185 per minute.

The *sub-acute and chronic* varieties present the same general symptoms as the acute. The symptoms of these varieties are not so marked, but being of longer duration are more exhausting.

Physical Examination.—There are no characteristic physical signs to denote catarrhal bronchitis.

Differential Diagnosis.—*Croupous pneumonia* has a sharp chill, followed by rapid rise of temperature, and pain in the side to announce its onset; while catarrhal pneumonia has no chill, no

high fever, and no definite pain. Croupous pneumonia has rusty sputum, which contain the diplococci; while catarrhal pneumonia has mucopurulent sputum.

Capillary bronchitis is a primary disease, the breathing is labored and hurried, with râles uniformly distributed over the chest; while catarrhal pneumonia is a secondary disease, the breathing panting, with râles over dull areas, or, in other words, râles over the small points of consolidation.

Acute Phthisis.—The diagnosis is best made by microscopical examination of the sputum, which, in acute phthisis, will contain the bacilli and elastic fibres.

Complications.—Capillary bronchitis; phthisis; pleurisy; emphysema; intestinal catarrh.

Duration.—The acute variety lasts from ten to fourteen days; the chronic variety runs an indefinite course.

Prognosis.—Best to always give a guarded prognosis. In children, the old, or, in weakly persons, the prognosis is doubtful.

Treatment.—Confine the patient to bed, and frequently change his position. Keep the room at an even temperature, and the atmosphere moistened with steam.

The diet must be nutritious and liquid. Had better administer stimulants throughout the disease.

Remedies.—See remedies given under “Bronchitis” and “Croupous Pneumonia.”

INTERSTITIAL PNEUMONIA.

Symptoms.—Pulmonary induration; chronic pneumonia; cirrhosis of the lung; fibroid pneumonia.

Definition.—A chronic fibroid induration of the lung.

Etiology.—Always a secondary disease. Generally found associated with phthisis, sometimes with pleurisy.

Pathology.—There is an increase in the connective tissue of the lung. The lung is smaller, more solid, and firmer to the touch than normal. On section, it presents a shining appearance; and, when cut it gives a cracking sound.

Symptoms.—Very hard to diagnose at the beginning. Among its symptoms are: a constant dyspnœa; cough, which may become paroxysmal; with muco-purulent, fetid expectoration. The fever is slight, or, it may assume the hectic form.

Physical Examination. — *Inspection.* — The chest will be retracted on the affected side.

Percussion.—Dullness.

Auscultation.—Tubular breathing.

Duration.—For years.

Prognosis.—The disease is incurable, although it is never the direct cause of death. The patient often lives for years in apparent good health, except a slight dyspnœa.

Treatment.—The treatment must be general.

GANGRENE OF THE LUNG.

Definition.—A putrefactive process, which is

either circumscribed or diffuse, with death of the lung tissue.

Etiology.—Always a secondary disease, but is directly caused by the presence of the bacteria of putrefaction in the lung, which is carried there in various ways.

Pathology.—The affected portion of the lung becomes soft, bluish-green in color, and extremely fetid, generally breaking down into an ichorous fluid, which may be expectorated; when expectorated it leaves a cavity with ragged edges, filled with bad-smelling fluid.

Symptoms.—Being a secondary disease, its commencement is obscured by the symptoms of the original disease; but, an extremely fetid expectoration of gangrenous material is diagnostic.

Prognosis.—Very grave. The circumscribed form may be recovered from, but the diffuse form is always fatal.

Treatment.—Good hygienic surroundings. Diet to be highly nutritious. Stimulants must be continually given to support the patient's system. The medical treatment must be symptomatic.

Remedies.—*Arsenicum*, *Carbo veg.*, *Crotalus*, *Kreosotum*, *Lachesis*, *Silicea*, *Secale*.

PULMONARY COLLAPSE.

Synonyms.—Atelectasis.

Definition.—That condition of the lung characterized by the absence of air in the alveoli.

Etiology.—Generally follows some disease which obstructs the bronchus, as capillary bron-

chitis or pneumonia. May be congenital; or, mechanical, from pressure of tumors.

Symptoms.—When occurring in the new-born we find the child's breathing feeble, its face purple, and extremities cold. When atelectasis occurs in the course of other diseases there is a sudden development of dyspnoea, cold extremities, and purplish face.

Prognosis.—Depends upon existing circumstances. Severe cases are rarely recovered from.

Treatment.—Must be general.

PULMONARY EMPHYSEMA

Synonyms.—Vesicular emphysema.

Definition.—An abnormal distension of the air-vesicles, or the interlobular cellular tissue of the lung, with air.

Etiology.—A weakness of the walls of the air vesicles, which dilate under any extra strain, as in the case of asthma, whooping-cough, or, in those who play wind instruments, etc.

Varieties.—Vesicular and interlobular.

Pathology.—Vesicular emphysema prefers the upper lobes of the lungs. The lungs are enlarged, soft to the touch, lose their elasticity, and do not collapse on opening the thorax. In the vesicular form there is distension of the vesicles, without rupture of the vesicular walls; or, perhaps the walls between several vesicles may rupture and form one large sack. In the interlobular form there is rupture of the vesicles, allowing air to escape into the interlobular cellular tissue.

Symptoms.—The most prominent symptom is dyspnœa, which is aggravated by any exertion. The face often assumes a purplish aspect, with puffiness, and often becomes quite blue during a fit of coughing.

Physical Examination.—*Inspection.*—Shows the characteristic “barrel-shaped” chest.

Palpation.—Vocal fremitus diminished.

Percussion.—The percussion note is high pitched.

Auscultation.—Inspiratory sound is short, with a prolonged expiratory sound. Râles are heard, due to the associated bronchitis.

Sequelæ.—Heart disease. Dropsy.

Prognosis.—Rarely is the direct cause of death.

Treatment.—Good hygienic surroundings. Diet to be nutritious; particularly meats, with small amount of fluids.

Remedies.—See those given under “Bronchitis” and “Asthma.”

Diseases of the Pleura.

PLEURISY.

Synonyms.—Pleuritis.

Definition.—A fibrinous inflammation of the pleura; may be either acute, sub-acute or chronic.

Etiology.—Exposure to atmospheric changes; traumatism: as a complication of some other disease: one attack predisposes to others.

Varieties.—1. Acute or dry pleurisy: (2) sub-acute or pleurisy with effusion: 3. adhesive pleurisy: (4) suppurative pleurisy or empyema.

Pathology.—There is at first hyperemia, followed by inflammation of the pleural membranes, which become red, swollen and rough: there is also a fibrinous exudate: this is known as *dry pleurisy*. If the exudate becomes more profuse, and organizes into firm fibrinous bands, it is then known as *fibrinous pleurisy*. If the pleural surfaces should become united by this exudate, then it is called *adhesive pleurisy*. If the exudate is very abundant, it will gravitate to the most dependent portion of the pleural cavity, and is called *pleurisy with effusion*. If the exudate, from the admixture of pus cells, should become purulent, of a greenish yellow color, the attack is called *purulent pleurisy* or *empyema*. If from any cause blood should become mixed with the

exudate, it is then called *hemorrhagic pleurisy*. The exudate may finally be all absorbed if not, and some exudate remains, we have what is called *chronic pleurisy*.

Symptoms.—*Acute Pleurisy*.—Chill, followed by a moderate fever, which may not be over 100° F., and which runs no regular course; severe “stitch” in the affected side, greatly aggravated by any movement; a desire on the part of the patient to lean forward and to the affected side; a dry, teasing cough; a pale and anxious face; and a “jerking” respiration; are the symptoms which point to an attack of acute pleurisy.

Subacute Pleurisy, or pleurisy with effusion. As a rule its approach is very insidious; and, its diagnosis must be based upon the physical signs.

Adhesive Pleurisy.—Of long duration, and generally found in rheumatic subjects. The patient gradually, but steadily, becomes more anæmic; dyspnœa, which also becomes gradually worse; sense of constriction, with dull pain in the affected side; a short, dry, hacking cough, which the patient tries to suppress; and recurrent bronchial hemorrhages; are the main symptoms of this form of pleurisy.

Suppurative Pleurisy, or empyema.—Begins with a chill, which is often repeated; rapid rise in the temperature; pain in the affected side; severe dyspnœa; and cough. The fever, very soon after its commencement, assumes an hectic form, with sweats and great prostration. The purulent effusion may find an exit by: (1) an external opening; (2) opening into the intestinal canal, and be

discharged through the bowels; (3) opening into the lung, and be discharged through the bronchial tubes; (4) opening in the peritoneal cavity, and followed by fatal peritonitis and syncope.

Physical Examination.—*Inspection.*—Restricted chest movement on the affected side. After effusion has taken place there will be bulging of the intercostal spaces on the affected side.

Percussion.—From dullness to complete flatness, depending upon the amount of the effusion.

Auscultation.—Before effusion has taken place there is a feeble respiratory murmur, with friction sounds; as the effusion commences the respiratory murmur decreases until it is finally lost, to gradually reappear as the effusion is absorbed.

Mensuration.—The affected side is several inches larger than the other side.

Differential Diagnosis.—*Pneumonia* has a sharp chill, rapid rise in temperature, a characteristic "rusty" expectoration, a crepitant râle heard at the end of inspiration; while pleurisy has not such a well defined chill, and such high fever, its expectoration is frothy, and it has friction sounds heard both on expiration and inspiration.

Prognosis.—Good.

Treatment.—Absolute rest in bed. Diet to be light and nutritious; plenty of water to appease thirst. Hot poultices applied to the affected side often relieve the severe pain; if not, may try "strapping." If dyspnoea becomes great then will have to aspirate the fluid in the pleural cavity.

REMEDIES.

Aconite.—* For the initial chill, and fever. * Chill, followed by fever; dry, hot skin; full, bounding pulse; great restlessness and anxiety; cough, with stitching pains in the side. To be given until effusion begins.

"Sometimes removes it as by magic."—*Dr. Jahr.*

"In simple, acute pleurisy, the sufficient remedy."—*Dr. Hughes.*

"No remedy deserves to be more frequently used."—*Dr. Baehr.*

"In many cases, when timely administered, alone sufficient to cure the disease."—*Dr. Laurie.*

Abrotanum.—After the previous use of *Aconite* and *Bryonia*, when there is a pressure in the parts hindering breathing.

Arnica.—* If the pleurisy arises from an injury. * If, after the fever has been removed, there remains pain in the chest, with oppressed breathing.

Apis.—"In pleurisy with exudation, Apis is one of the best remedies we have to bring about absorption of this fluid. Apis and *Sulphur* will cure the majority of these cases."—*Dr. Farrington.*

Arsenicum.—* For the second stage; a large accumulation of effusion in the pleural cavity; great dyspnoea; comparatively little pain; and, great prostration of the strength.

"It will accomplish more than any other remedy in the stage of effusion."—*Dr. Mitchell.*

Bryonia.—* After the more severe fever has been reduced by *Aconite*, and effusion has commenced. * The patient is now quiet; lies on the affected side, or, on the back; and, does not want to move. * There are severe stitching pains in the affected side, greatly aggravated by any motion. * Cough, with severe pain in the side and chest; must hold his chest with his hands when coughing. * Splitting headache. * Nausea and faintness on attempting to sit up.

"Under its influence the exudate scarcely ever progresses, and the pains rapidly subside."—*Dr. Baehr.*

"In the second stage of pleurisy, after the stage of serous effusion has commenced, no remedy can equal Bryonia."—*Dr. Burt.*

"As effusion begins, as indicated by the friction sounds
* * * Bryonia comes in as an all sufficient remedy."—*Dr. Farrington.*

Belladonna.—"Has been recommended in cases where the fever returns, and pain and dyspnœa continue, notwithstanding the employment of Aconite."—*Dr. Laurie.*

Carbo Veg.—The patient is greatly prostrated and emaciated; the exudation threatens to undergo purulent degeneration, with hectic. When pleurisy complicates chronic bronchitis. Asthmatic attacks in cases of chronic pleurisy.

Hepar.—"If the effusion is rather of a plastic nature, and if the disease has lasted for some time, or if a slow, lentescent course is to be apprehended from the commencement of the attack, I know of no better remedy than Hepar."—*Dr. Wurmb.*

Mercurius.—* Where the exudation changes into pus.
* Recurrent chills; nocturnal sweats, without relief; aggravation of all the symptoms at night. * The pain and dyspnœa keep up after the fever has been reduced.

Nitric Acid.—If the pulse should increase with stoppage of the pains.

Ranunculus Bulb.—Pains from adhesions; or, from thickening of the pleural membranes. Violent stitching pains in the chest; great anxiety and dyspnœa.

Sabadilla.—Pleurisy, with great paralytic debility. Stitches in the side of chest, especially when inspiring or coughing. Complains of coldness, with hot flushes intervening.

"Follows Bryonia well in pleurisy, and has cured after Aconite and Bryonia failed."—*Dr. H. C. Allen.*

Sulphur.—* When the pleurisy fails to respond to the well chosen remedies. After Bryonia has removed the severe pain, and there is left some sensitiveness, particularly on motion or on exposure to air. * It is *the* remedy for the removal of the exudation.

"It materially hastens the disappearance of the plastic exudation."—*Dr. Bachr.*

HYDROTHORAX.

Synonyms.—Thoracic dropsy; dropsy of the pleura.

Definition.—A non-inflammatory serous effusion into the pleural cavity.

Etiology.—Any cause which will produce general dropsy.

Pathology.—Without signs of inflammation there appears a clear, yellow-green, serous effusion into the pleural cavity. Generally bi-lateral. The effusion may be in such quantity as to compress the lungs.

Symptoms.—The constant symptom is dyspnoea, which is generally aggravated from lying down. If the effusion goes on unchecked the patient will become cyanosed, from diminished breathing capacity; and, there will be embarrassed heart's action, from pressure of the effusion.

Physical Examination.—The physical signs will be the same as those which denote pleural effusion.

Prognosis.—Being a secondary disease, the prognosis must be based upon the original disease.

Treatment.—Must be directed to removing the primary cause. If the effusion is very abundant, and threatens suffocation, will have to aspirate.

Give *Apis* in recent cases; and, *Sulphur* in chronic cases.

Remedies.—*Apis*; *Apocynum*; *Arsenicum*; *Digitalis*; *Helleborus*; *Sulphur*; *Tartar emet.*

HÆMATHORAX.

Synonyms.—Hæmatothorax.

Definition.—An effusion of blood into the pleural cavities.

Etiology.—Always a secondary disease.

Treatment.—Same as for hydrothorax.

PNEUMATHORAX.

Definition.—Air in the pleural cavities.

Etiology.—Generally due to the ulcerative process of phthisis; traumatism. Often found in cases of fracture of the ribs.

Pathology.—The air in the pleural cavities is always "deoxidized and rich in carbon dioxide; it may contain sulphuretted hydrogen" (*Loomis*). The amount of air in the cavities varies greatly.

Symptoms.—The perforation and escape of air into the pleural cavities is announced by sudden, severe pain in the side; dyspnœa; and the symptoms of collapse.

Physical Examination.—*Inspection.*—Increased size and immobility of the affected part, with bulging of the intercostal spaces.

Palpation.—Diminished or absence of vocal fremitus.

Percussion.—Tympanitic note.

Auscultation.—Absence of the respiratory murmur.

Prognosis.—Unfavorable; particularly when complicating phthisis.

Treatment.—Must be on general principles.

DISEASES OF THE DIGESTIVE ORGANS.

Diseases of the Mouth.

CATARRHAL STOMATITIS.

Synonyms.—Simple stomatitis; catarrh of the mouth.

Definition.—A catarrhal inflammation of the mucous membrane of the mouth; which may be either acute or chronic.

Etiology.—In children from irritation of teething. From food being put into the mouth too hot; or, from irritating food. Secondary to some other general disease.

Pathology.—The mucous membrane of the buccal cavity becomes red, swollen, and, at first dry, but later moist. The tongue is swollen and heavily coated.

Symptoms.—There is burning, smarting and tingling in the mouth, which upon inspection is found red and inflamed.

Treatment.—Strict cleanliness of the mouth; a weak Boracic acid solution used as a wash often proves beneficial.

If with fever *Aconite*; or, if with catarrhal symptoms *Belladonna*; to be followed by *Mercurius*, cures the majority of simple cases.

FOLLICULAR STOMATITIS.

Synonyms.—Aphthous stomatitis; croupous stomatitis; vesicular stomatitis.

Definition.—An inflammation of the mucous follicles of the mouth.

Etiology.—Same causes as produce the catarrhal form of stomatitis.

Pathology.—The same pathological condition is here presented as is found in catarrhal stomatitis, *plus* the development of small vesicles on the mucous membrane of the mouth. If these vesicles should rupture they leave a grayish ulcer.

Symptoms.—The general symptoms are the same as found in the catarrhal form; but, on inspection the vesicles referred to above will be seen.

Treatment.—Same as catarrhal fever.

Remedies.—See remedies in Thrush.

ULCERATIVE STOMATITIS.

Synonym.—Noma.

Definition.—An inflammation of the mucous membrane of the mouth, affecting chiefly the gums, causing ulceration.

Etiology.—A disease of early life; probably contagious.

Pathology.—The gums are hyperæmic and swollen; covered with a dirty colored deposit; and, recede from the teeth. This deposit separates from the gums, and leaves ulcers with irregular edges.

Symptoms.—There is pain and heat of the

mouth. Salivation; with dribbling of offensive saliva, mixed with blood and pieces of pulpy matter. The gums will be seen, upon inspection, to be ulcerated. The submaxillary glands will be swollen.

Duration.—About one week.

Prognosis.—Recovery.

Treatment.—Same as for Thrush.

GANGRENOUS STOMATITIS.

Synonyms.—Cancrum oris; sloughing phagedæma of the mouth.

Definition.—An acute inflammation of the mucous membrane of the cheek, characterized by a hard, red swelling externally, and a sloughing ulcer internally.

Etiology.—A disease of childhood, fortunately rare. Due to bad hygienic surroundings; or, in those convalescing from some specific disease.

Pathology.—A hard, red swelling appears upon the cheek. Inside the mouth, there appears a ragged ulcer, which soon shows signs of gangrene.

Symptoms.—The same as catarrhal stomatitis; together with the condition as described above.

Prognosis.—Must be guarded. Death may result from profound exhaustion.

Treatment.—Must sustain the patient's strength by nutritious diet, and stimulants if necessary. The ulcer must be kept clean; wash with borax solution; or better, the peroxide of hydrogen. If the ulcer should be very bad, may apply the actual cautery, or acid to it.

Arsenicum has given excellent results in this fearful disease.

Remedies.—See under Thrush.

THRUSH.

Synonyms.—Parasitic stomatitis; muquet; sprue; white mouth.

Definition.—An inflammation of the mouth, caused by the *saccharomyces albicans*.

Etiology.—In children the want of cleanliness of the mouth is generally the predisposing cause. The exciting cause is the *saccharomyces albicans*.

Pathology.—Same as ulcerative stomatitis, together with the appearance of "aphthæ," in which is developed the *saccharomyces albicans*.

Symptoms.—Same as catarrhal stomatitis; together with the aphthæ.

Prognosis.—Good.

Duration.—About one week.

Complications.—Gastro-intestinal catarrh.

Treatment.—Strict cleanliness of the mouth. Correct acidity of the mouth. Locally apply borax and honey.

REMEDIES.

Aconite.—* If the attack should commence with fever; dry, hot skin; restless, tosses about; bites his fists. Also a green diarrhœa.

Æthusa.—Aphthæ in the mouth and throat. * Vomiting of milky substance, after which the child falls asleep.

Arum Tri.—* The mouth burns, and is so raw and sore that the child refuses to even drink. They cry if anything is even offered them to eat. Putrid odor from the mouth. * Picks the lips until they bleed.

Arsenicum.—* When the parts assume a livid or pur-

plish appearance. *Great weakness and prostration. Burning in the mouth. *Thirst for small quantities of water frequently.

Baptisia.—*Cases occurring in the last stage of phthisis. Ulceration of the mouth. Profuse salivation; gums loose, flabby, dark red, or purple. *Can only swallow liquids

Borax.—*Great heat and dryness of the mouth; the mucous membrane appears shrivelled. *The child frequently lets go the nipple, showing signs of pain in the mouth. *Fears a downward motion.

Bryonia.—*The child does not like to take hold of the breast, but after the mouth becomes moistened it nurses well.

Carbo Veg.—The mouth is hot; tongue almost immovable.

Chamomilla.—In cases where the nervous symptoms of this remedy appear.

Hepar.—*From the abuse of Mercury.

Hydrastis.—Stomatitis after abuse of Mercury, or chlorate of potash; in nursing women; or, in weakly children. *Peppery taste; tongue feels as if it had been burnt; with dark red appearance; and, with raised papillæ. Excessive secretion of thick tenacious mucus.

Mercurius.—Cures the vast majority of cases, and should be given as soon as ulceration is noticed. *There is much salivation; and, an offensive odor from the mouth.

Staphysagria.—*When the ulcers seem to bleed readily.

Sulphur.—When the case does not respond to the indicated remedy. *Tendency to relapse.

GLOSSITIS.

Definition.—An inflammation of the parenchyma of the tongue; may be either acute or chronic.

Etiology.—Generally due to some direct irri-

tation to the tongue. The chronic form appears in the old without apparent cause.

Pathology.—The tongue is hyperæmic; followed by inflammation; with redness and swelling. The swelling is sometimes so great as to force the tongue out of the mouth between the teeth. There is a thick secretion which covers the tongue; small abscesses may form on the tongue.

Symptoms.—Restlessness, anxiety and difficult deglutition accompanies the swelling of the tongue. The swollen tongue forces the patient to keep his mouth open. Inspection will show the condition as described under pathology.

Duration.—From two to seven days.

Prognosis.—Good. But must bear in mind the possibility of suffocation from the swollen tongue.

Treatment.—

REMEDIES.

Aconite.—* If with fever.

Apis.—Dryness of the tongue. * Fiery redness of the mouth; tongue looks glossy. * Stinging pains.

Arsenicum.—If there is much prostration.

Cantharis.—If caused from a burn, or a scald.

Conium.—From a contusion; here *Conium* is far superior to *Arnica*.

Hepar.—To be given as soon as signs of suppuration appear.

Mercurius.—The main remedy, and seldom fails to cure Glossitis.

Sulphur.—The best remedy for chronic cases of glossitis.

Diseases of the Pharynx.

ACUTE TONSILLITIS.

Synonyms.—Quinsy; amygdalitis; phlegmonous pharyngitis; angina tonsillaris; inflammation of the tonsil.

Definition.—An inflammation of the parenchyma of one or both tonsils; with tendency to suppuration.

Etiology.—A disease generally found in the young. A rheumatic diathesis, a previous attack, or, hereditary, are the predisposing causes. The exciting causes are: exposure to atmospheric changes, the inhalation of impure air, or, poisonous gases.

Varieties.—(1) Simple or catarrhal; (2) follicular or lacunar; (3) phlegmonous or quinsy.

Pathology.—In the *catarrhal* form there is hyperæmia, inflammation and swelling of the gland; with excessive secretion of mucus, which covers the parts.

In the *follicular* form the tonsil is covered with small yellow or whitish nodules. These nodules are composed of the secretion of the glands; and, from the inflammation and swelling the nodules are prevented from escaping from the crypts of the tonsil. These nodules are finally expecto-

rated as offensive, cheesy masses. Follicular tonsillitis is claimed by many to be infectious.

In the *phlegmonous* form there is a very high grade of inflammation with infiltration, whereby the tonsil becomes enormously swollen. Often terminates in abscess, or in chronic hypertrophy of the tonsil.

Symptoms.—In the *catarrhal* form there is slight fever; slight dysphagia; some cough; and, a discharge of mucus. The pain is not severe. The tonsils are red and swollen.

In the *follicular* form there is a general feeling of malaise, with more or less headache, preceding the attack. There is sometimes severe fever. Upon inspection the tonsils will be seen to be covered with small white or yellow nodules, which are characteristic of this form of tonsillitis.

In the *phlegmonous* form, or common quinsy, there is an initiary chill; with rapid rise of the temperature, which may rise to 105° F., with morning remissions and evening exacerbations. The tonsils are inflamed, red and swollen; with severe pain. Swallowing is difficult; and, the jaws are stiff. The breath is very offensive; the tongue is thickly coated. There is a feeling as if choking from the enlarged tonsils. These symptoms after lasting for a certain time gradually subside, and the inflammation results in resolution; but, often the inflammation results in an abscess, which is characterized by a throbbing, lancinating pain in the tonsil. When an abscess forms, the pain is suddenly relieved when it opens.

Sequelæ.—Chronic enlargement of the tonsils; more or less deafness; predisposition to recurrent attacks.

Duration.—The catarrhal form lasts about two days; the follicular and phlegmonous forms last from four days to possibly two weeks.

Prognosis.—Good.

Treatment.—Rest. Light diet, such as milk, gruels, etc. Local applications and scarification are seldom necessary.

In the majority of cases, in the beginning, *Belladonna* will check the disease, if the throat is bright red; if the parts are dark red, with ulcerations, and foul breath, *Mercurius* will cure; and, *Hepar* to be given when suppuration threatens.

REMEDIES.

Aconite.—Only at the very commencement, when due to exposure to dry cold winds; with fever; dry, hot skin; restless and tossing about.

Apis.—One of the best remedies for the follicular form. * The tonsils are swollen; bright red; with burning, stinging pains. * Deep lacunar ulceration, with an erysipelatous or œdematous appearance. * Great dryness of the throat, without thirst. * Tenacious mucus in the throat.

Baryta Carb.—* For the predisposition to quinsy. * Tendency to suppuration. Chronic induration.

Baryta Mur.—* Chronic hoarseness from enlarged tonsils.

Belladonna.—In the first stage. * Fever, with flushed face; throbbing carotids; and headache. * The throat is swollen, of a bright red color, and dry. * There is difficult deglutition. * Constant disposition to swallow, feels as if he would choke, if he did not swallow. * Fluid return through the nose. * The throat feels as if too narrow.

Gelsemium.—When, with the fever, there is tingling in the parts, with excessive physical prostration and aching pains over the body.

Hepar.—*To be given as soon as an abscess begins to form, to hasten suppuration. *There are acute throbbing and sticking pains in the tonsil, which is very sensitive to the slightest touch.

Ignatia.—Considered by some physicians as specific for the follicular variety.

Mercurius.—*To hasten the maturing of the abscess after pus has formed. *There is dryness of the throat; much salivation. *The throat is made worse from empty swallowing. *The tonsils are dark red, with small ulcers. Foul breath. Aggravation at night.

Silicea.—*When the suppurating gland is long in healing.

Sulphur.—For tendency to relapse.

HYPERTROPHY OF THE TONSILS.

Synonyms.—Chronic swelling of the tonsil.

Etiology.—Generally caused by repeated attacks of tonsillitis. A scrofular or tubercular diathesis predisposes to this hypertrophy.

Pathology.—There are two varieties: (1) Where there is an increase in the cellular elements, with little, or no, increase in the connective tissue. This variety is generally found in children. (2) An increase in the intercellular tissue, with little, or no, increase in the cellular elements; the resulting hypertrophy in this form is hard, and is known as "scirrhus."

Sequelæ.—Deafness, from pressure of the enlarged glands upon the Eustachian tube; "pigeon chest," from the interference to the free passage of air into the lung.

Prognosis.—Doubtful, as far as the reduction of the tonsil is concerned by medication.

Treatment.—Must treat the patient.

Remedies.—Baryta iod.; Calcarea iod.; Calcarea phos.; Conium; Graphites; Lycopodium; Mercurius iod.; Sulphur.

ACUTE CATARRHAL PHARYNGITIS.

Synonyms.—Angina catarrhalis; acute sore throat.

Definition.—An acute inflammation of part, or of all, of the mucous membranes of the pharynx, soft palate, and uvula; attended with redness and swelling.

Etiology.—Getting the feet wet is the cause of many cases. Exposure to atmospheric changes; inhalation of irritating atmosphere; presence of too hot food in the mouth; exposure to infectious diseases. Rheumatism and former attacks are predisposing causes.

Pathology.—The mucous membrane is red, dry and swollen; the uvula is greatly enlarged; and, the calibre of the pharynx is lessened. Later, there is a discharge of a thick, tenacious mucus. There may appear small nodules upon the pharynx (*follicular pharyngitis*); or, in severe cases a membrane may form (*membranous pharyngitis*); or, a pharyngitis may develop in the course of the infectious fevers (*infectious pharyngitis*).

Symptoms.—General malaise; with more, or less, fever; dryness of the throat, with pain on

swallowing; and, the condition of the pharynx noted above.

Prognosis.—Good.

Duration.—One week.

Treatment.—Same as tonsillitis.

Diseases of the Stomach.

ACUTE GASTRITIS.

Synonym.—Acute gastric catarrh.

Definition.—An acute catarrhal inflammation of the mucous membrane of the stomach.

Etiology.—Almost always due to the direct influence of some irritating substance in the stomach.

Pathology.—The mucous membrane is swollen, dark-red in color, and covered with a thick, glairy mucus, alkaline in reaction, and to the over-secretion of the mucous glands of the stomach.

Symptoms.—A general feeling of malaise, with loss of appetite, dull headache, thickly coated tongue, nausea, and perhaps, vomiting of glairy mucus, are the symptoms during the first stage of acute gastritis. The fever is never very high. There is tenderness of the epigastrium; constipation; and high colored urine.

Duration.—A couple of days.

Prognosis.—Good.

Treatment.—Remove the cause if possible. If due to the taking of poison, administer the proper antidote. The stomach should be emptied by an emetic. Give no food, except by enemata, until convalescent. Can give bits of ice to check thirst.

REMEDIES.

Aconite.—* If with fever; full, hard pulse; restless; and fear of death.

"What Aconite is capable of accomplishing in this affection, exceeds all belief."—*Dr. Jahr*.

Arsenicum.—The main remedy in this disease; particularly in cases characterized by extreme prostration, burning pains, and anguish. * Intense burning pains, as if the parts were on fire; thirst, drinks little and often. * Vomiting of everything taken into the stomach.

"Suitable in every form, from the mildest to the most severe."—*Dr. Baehr*.

"You will need no other treatment."—*Dr. Hughes*.

"A sudden disappearance of the pains at the acme of the disease, with distention of the abdomen, singultus, coldness of the extremities, smallness of the pulse, points to gangrene; under such circumstances *Arsenicum* is the only remedy from which we may derive some faint hope."—*Dr. Kruessler*.

"It produces a perfect picture of subacute gastritis."—*Dr. Farrington*.

Belladonna. - If *Aconite* should fail to reduce the fever; or, if the throat should also inflame.

"Preferable to Aconite."—*Dr. Baehr*.

"If a typhoid condition with delirium supervenes."—*Dr. Jahr*.

Bryonia.—When caused from cold drinks. * The region of the stomach is very tender, cannot bear to be touched. * The patient does not desire to be moved. * Nausea and faintness on attempting to set up. Vomiting immediately after eating. * Constipation. * The patient is very cross and irritable. * The lips are dry and cracked.

Cantharis.—Where there is intense burning pains; complete stranguary and tenesmus of the cervix vesicæ.

Camphor.—The disease breaks out suddenly with great violence (*Baehr*).

Hyoscyamus.—If stupor and loss of consciousness have in (*Jahr*).

Ipecacuanha.—In cases characterized by extreme nausea and vomiting; with restlessness; and, difficulty of breathing.

Nux Vom.—If from abuse of stimulants or coffee.

Phosphorus.—* Sensation of weakness and emptiness in the stomach. * Vomiting of food and mucus, mixed with bile and blood. * Vomiting of water as soon as it becomes warm in the stomach.

DYSPEPSIA.

Synonyms.—Indigestion.

Varieties.—(1) Atonic; (2) nervous; (3) catarrhal.

ATONIC DYSPEPSIA.

Definition.—"A train of symptoms caused by a functional derangement of the digestive process."—*Loomis*.

Etiology.—The bolting of food; or, the eating of too large a quantity of food.

Symptoms.—The symptoms vary considerably. The appetite is capricious; or, may be abnormal, or entirely lost. After eating there is a feeling of fullness or distress in the stomach, without actual pain; associated with flatulency; heart burn; and, as a rule, constipation.

Treatment.—Must regulate diet to each case. For the remedies see end of chapter.

NERVOUS DYSPEPSIA.

Definition.—That form of dyspepsia which is due to a nervous condition, and found in those of a nervous temperament.

Etiology.—Mental worry, or mental strain.

Symptoms.—There are nervous symptoms, such as headache, neuralgias, palpitation of the heart, sleeplessness, etc. There is severe pain in the stomach, which usually comes on when the stomach is empty, and is relieved by eating. The appetite is capricious; the tongue clean.

Treatment.—The main treatment must be directed to quieting the nervous system. Regularity in habits, etc., are essential to the cure. Often a sea voyage is beneficial.

Remedies.—See end of chapter.

CATARRHAL DYSPEPSIA.

Synonyms.—Chronic gastritis; chronic catarrh of the stomach.

Definition.—A chronic catarrhal inflammation of the mucous membrane of the stomach.

Etiology.—Any of the causes of acute gastritis, or dyspepsia. Secondary to any disease which produces passive congestion of the stomach, as cirrhosis of the liver, valvular heart troubles, and chronic lung diseases.

Pathology.—The mucous membrane is of a grayish color, often ecchymosed, and covered with a thick, tenacious, gray mucus. The epithelium undergo degeneration; while there is an overgrowth of connective tissue. The changes are most marked at the pyloric extremity of the stomach.

Symptoms.—The first symptoms are those common to gastritis. There is nausea and vomiting; with acid eructation, or water-brash; vomiting of acid mucus, particularly in the morning;

this vomit is mixed with butyric, acetic and lactic acids; the normal acid of the stomach is diminished. Great flatulency, which often causes a swelling in the epigastrium. Finally, the general nutrition suffers, and there is hypochondriasis. The skin becomes dry and shrivelled.

Prognosis.—Good, in uncomplicated cases.

Treatment.—Remove cause if possible. Regulate mode of living. Have regular time for meals; also, a regular time for sleep. Diet must be nutritious, and, regulated to suit each case. The washing out of the stomach may be practiced.

REMEDIES

For the various forms of dyspepsia:

Abies Nig.—Low spirited; melancholy. Total loss of appetite in the morning, but great craving for food at noon and night. **Sensation* of an undigested hard-boiled egg, or some such uncomfortable substance, in the stomach. Continual distressing constriction just above the pit of the stomach as if everything were knotted up, or as if a hard lump of undigested food remained there. A painful sensation as if something were lodged in the chest, mostly on the right side of the sternum, which had to be coughed up, though nothing comes. *Pain in the stomach always comes after eating (Guernsey).*

Anacardium.—*Great loss of memory; hypochondriacal. *Desire to curse and swear. *The pains are relieved while eating, to again return in a couple of hours. The patient has a constant desire to eat, because it relieves his pains. *Urging to stool, but with the effort the desire passes away.

Antimonium Crud.—* In cases characterized by a thickly coated white tongue.

Arsenicum.—In cases occurring in drunkards; or, from eating ices. *The patient is very restless and anxious. *Terrible burning distress in the stomach; the epigastric

region is swollen and tender; heartburn; relief from hot drinks. * Thirst for small quantities of water.

"It produces a perfect picture of subacute gastritis."—*Dr. Farrington.*

Bryonia.—* The Bryonia patient is cross, irritable. The attack usually comes on in the summer. * Desire for things that cannot be had, or which are refused, or not wanted when offered. * Immediately after eating there is a hard pressure in the stomach as if there was a stone in it; which sensation goes off with eructations. * The eructations occurring especially after a meal are putrid or sour. * Nausea and faintness on rising from a recumbent position. * Vomiting soon after eating. * The region of the stomach is very sensitive to touch. * The mouth is dry; the lips are parched, and cracked; the tongue is coated white or gray; the patient has an enormous thirst, wants large quantities of water at a time. * Constipation; stool is hard, dry, burnt looking.

Capsicum.—Atonic dyspepsia, with relaxed mucous membrane, much flatulency, and cold stomach.

Carbo Veg.—Particularly in elderly persons; or, after dissipation. * Dull headache, particularly in the back part of the head, worse in the mornings and after breakfast. * Dreads to eat, because of the pain it causes. * Burning in epigastrium, and deep in the abdomen, spreading down to the small of the back and up to the shoulders. * Cannot drink milk, it causes much flatulency. * Excessive flatulency; abdomen swollen unto bursting; eructations relieve. Nausea in the morning.

China.—* After a severe illness. * There is a bitter taste; loss of appetite, even aversion to food; craves sour, refreshing things, and stimulants. * The stomach is very weak; digestion slow; the most innocent kind of food disagrees, causing an enormous amount of gas to form in the stomach. * There is pressure in the stomach; the stomach feels as if packed; little, or no, relief from eructations. * Weakness and prostration after meals, with desire to lie down.

Hepar.—* From abuse of Mercury. * The plainest

kind of food disagrees. * A longing for sour food and condiments. * Constant sensation of water rising in the œsophagus, as if he had eaten sour things. * Frequent, but momentary, attacks of nausea; with flow of saliva in the mouth.

"In the purely atonic form, Hepar is indicated."—*Dr. Farrington.*

Hydrastis.—Chronic gastritis. * Atonic dyspepsia. Loss of appetite. * Faintness and weakness at the stomach; worse after eating. * Fullness and weight in the stomach as from a stone. * Obstinate constipation; the stools are covered with mucus. Dull headache, particularly in the forehead. Sour eructations. * Dull, hard, thumping fullness of chest, and dyspnœa, palpitation of heart; even light pressure of hand over the pit of the stomach will reveal strong pulsation.

"Will relieve when there is sinking sensation, palpitation of the heart and mucus coated stools."—*Dr. Farrington.*

Kali Phos.—* Nervous dyspepsia. * Great nervous depression; the patient is weak and exhausted; weak feeling in the stomach. Hunger immediately after eating.

Lycopodium.—* No appetite; constant sensation of satiety; takes no food, because she feels so full. Hunger returns immediately after eating. Excessive pressure in the stomach. * Sour eructations. * Constant fermentation in abdomen; with much rumbling, particularly in the left hypochondria. Constipation.

Nux Vom.—In cases from abuse of stimulants or coffee; or, when occurring in those of sedentary habits. The patient is cross, irritable, with desire for solitude; hypochondriacal. Dull headache. * Aggravation of his symptoms about an hour after meals. * Fullness and swelling of the epigastrium after eating. Sour eructations. * Vomiting, with violent retching. * Yellowness of the whites of the eyes. * Awakes about 4 A. M., lies awake for some time, then falls into a dreamy sleep, and finally awakes feeling tired.

"No other pathogenesis contain the symptoms of gastric catarrh more fully than Nux."—*Dr. Baehr.*

Natrum Mur.—Chronic cases in hypochondriacal subjects. Great hunger, but no appetite. Pressure and distension of the stomach. Heartburn after eating. *Great longing for salt. *Aversion to bread. *Vomiting of clear mucus.

Natrum Phos.—*Great acidity; sour eructations; vomiting of sour fluids. *There is a creamy or golden yellow coating at the back part of the tongue. Pain in the stomach, coming on after eating and lasts until the next meal.

"Acid dyspepsia is met by this remedy."—*Dr. Dewey.*

Phosphorus.—*Weak, empty or gone sensation in the abdomen. *Heat in the back between the shoulder blades. Pressure above the pit of the stomach after eating. *Vomiting of food immediately after eating. *As soon as water becomes warm in the stomach it is vomited. Burning in the stomach, relieved by drinking water, but the water is soon vomited.

"Renders excellent service in chronic catarrh of the stomach."—*Dr. Baehr.*

"Where there is excessive flatulency, with frequent palpitation, and intermittent pulse, accompanied with much despondency, I have seen grand results from *Phosphorus*."—*Dr. Burt.*

Pulsatilla.—*From ice cream, fruits or pastry. *The taste of the food, which is mostly sour, returns to, and remains in, the mouth for a long time. Feeling of tightness in the stomach. *The tongue is covered with a tenacious mucus. *Foul taste in the morning; must rinse out the mouth. Heartburn. Constant nausea. *Must loosen the clothes about the abdomen after eating. *No thirst. *Constant chilliness.

Robina.—*Excessive acidity of the stomach. *Eructations or vomiting of excessively sour fluid, setting the teeth on edge. Dull, heavy, squeezing pain in the stomach after eating. Low-spirited; irritable.

Sepia.—Chronic cases. *In females; incident to

uterine disease. *The skin has a dirty, yellow color. The thought of food sickens her. *A faint, gone, sinking feeling in the stomach, relieved by eating. *Sense of weight in the rectum. *Taste sour or bitter; longing for acids, pickles, etc.

Sulphur.—Chronic cases; with tendency to relapse. *Low-spirited. *Heat on vertex. *Feels faint and weak from 11 to 12 A. M.; must eat something. *Frequent faint spells. Abdomen feels full and tight.

GASTRALGIA.

Synonyms.—Gastrodynia; cardialgia; spasm of the stomach; neuralgia of the stomach.

Definition.—A painful paroxysmal affection of the sensory nerves of the stomach, which has no distinct pathological lesion.

Etiology.—General nervous depression. Hysteria.

Symptoms.—Severe paroxysmal, agonizing pain in the epigastrium, occurring generally when the stomach is empty; the pain radiates to the back. The pain is relieved by eating, from pressure, and from the application of the constant electric current. The attack lasts from a few moments to several hours; it reappears at irregular intervals. Between the attacks the patient is comparatively well.

Differential Diagnosis.—In *Gastric ulcer* the pain and dyspeptic symptoms are continuous; the pain is aggravated by eating and pressure; while in *gastralgia* it is just opposite.

From *Gastric cancer* by the age of the patient, history of the disease and character of the vomited matter.

Prognosis.—Good; but may run a protracted course.

Treatment.—During *the interval* correct all disturbing influences; regulate diet.

During *the attack* apply hot applications over the epigastrium.

REMEDIES.

Argentum Nit.—In delicate nervous women. From any emotion; loss of sleep; etc. Feeling of a lump in the stomach. Pains radiate from a sore spot in the stomach. Great flatulency.

Arsenicum.—* Attacks preceded by restlessness. Severe paroxysmal pain in the stomach. * Great burning in the stomach; desire for sips of water.

“Place it in the front rank.”—*Dr. Baehr.*

“In the neuralgic variety . . . my favorite medicine is Arsenicum.”—*Dr. Hughes.*

Bismuth.—Pressing, heaviness, as from a load, in one spot in the stomach. Violent crampy pain in the stomach. Burning. Violent ejection of the food.

“The remedy for pure gastralgia.”—*Dr. Farrington.*

Chamomilla.—If arises from an attack of anger. * They are very cross, irritable. * The attack is relieved by drinking coffee.

Ignatia.—If from grief. The attacks occur principally at night. Pressure at the cardiac orifice of the stomach, as if the food had lodged there.

“Always commence the treatment in the cases of females with Ignatia.”—*Dr. Jahr.*

Nux Vom.—This is the main remedy for this distressing affection. * The patient is very irritable. * Crampy, constricting pains in the pit of the stomach, extending to the back. * Morning attacks.

“Always commence the treatment in the case of males with Nux.”—*Dr. Jahr.*

Oxalic Acid.—Severe cutting pains.

GASTRIC ULCER.

Synonyms.—Simple ulcer; perforating ulcer.

Definition.—An ulcer of the stomach, involving the mucous membrane or deeper structures.

Etiology.—Found oftener in females than males; and, between the ages of fifteen and thirty. Anæmia and chlorosis. Habitual stooping position, and grief, are the predisposing causes.

Pathology.—There is, from some cause, obstruction to the circulation of some part of the mucous membrane of the stomach, in consequence of which the acid gastric juice attacks the part and causes softening, followed by an ulcer. The favorite situation is the posterior wall of the stomach, near the pyloric end. The ulcer may involve the mucous membrane or the deeper tissues. The appearance of the ulcer is circular or elliptical, as if punched out; it is conical, with the apex toward the peritoneum. There are no signs of inflammation around the ulcer.

Symptoms.—At first the symptoms are those of dyspepsia. The characteristic signs are: Pain, burning or gnawing, confined to a small spot, which can often be covered by the point of the finger. The pain is aggravated by eating, and on deep pressure. Vomiting, which for the time being relieves the pain, consists at first of food; later, has blood mixed with the vomit, due to the ulcer eating into some of the blood vessels of the stomach.

Differential Diagnosis.—From *cancer of the stomach* by history of the case, by the pains of

cancer being constant and lancinating, and not painful from deep pressure. In cancer the vomiting comes late in the disease, and does not relieve the pains. In cancer there is a tumor in the epigastric region.

Chronic Gastritis.—The pains and tenderness are diffused. Vomiting comes generally in the morning, and is composed of glairy mucus.

Gastralgia.—Has not the circumscribed pain, and is aggravated from food.

Prognosis.—Favorable, but must be guarded.

Treatment.—The thing to be desired is *complete* rest of the stomach, which is obtained by giving food per rectum. Continue feeding per rectum for seven or eight weeks, then cautiously allow milk, then broths and other liquid food. If hæmatemesis should occur allow patient to eat bits of ice. If perforation occurs give *Opium* to quiet the motion of the stomach and the indicated remedy. For the intense pains nothing equals Atropine. Compare remedies for dyspepsia, cardialgia, and hæmatemesis.

REMEDIES.

Argentum Nitr.—* Small spot between xythoid cartilage and the navel, sensitive to the slightest pressure; the pain radiates in all directions; increase and decrease gradual. * Time passes slowly. * Fears the disease may result seriously.

Arsenicum.—* Great prostration and weakness. * Restless, with tossing about. * Vomiting immediately after eating or drinking. * Great burning in the stomach.

"Deserves to be classed in foremost rank."—*Dr. Baehr*.

"When ulcer is at pyloric end."—*Dr. Pope*.

Atropine.—"We know from experience that no medi-

cine is better calculated to subdue the frightful cardialgic pain of ulcer of the stomach."—*Dr. Baehr.*

Carbo Veg.—Burning in the stomach, spreading down to small of back and up to the shoulders. Pains paroxysmal, take away the breath. Vomiting of sour, bloody masses. Ameliorated from cold drinks.

"Has an excellent effect."—*Dr. Baehr.*

Kali bich.—When the ulcer is at the cardiac end of the stomach (*Dr. Pope.*).

Phosphorus.—* Regurgitation of food by the mouthfuls, no nausea. * Vomiting of food and mucus, mixed with bile and blood. * Vomiting as soon as food or drinks become warm in the stomach. Sense of great weakness and emptiness in the abdomen.

"Afforded me the most essential aid."—*Dr. Jahr.*

Uranium Nitr.—To arrest the tendency to formation of the ulcer.

GASTRIC CANCER.

Synonym.—Cancer of the stomach.

Definition.—A malignant growth affecting the walls of the stomach.

Varieties.—Scirrhus; medullary; epithelioma; colloid.

Etiology.—Obscure; but hereditary predisposition plays an important part. More frequent in males than females.

Pathology.—Generally primary, of the scirrhus variety, and situated at the pyloric extremity of the stomach.

Symptoms.—Progressive indigestion, with marked emaciation, and the peculiar cancerous cachexia. Pain, which is dull, heavy, or lancinating. Vomiting of the so-called "coffee-grounds." Tumor in epigastrium.

Differential Diagnosis.—Its differential diagnosis from gastric catarrh, ulcer, etc., has been considered.

Duration.—From one month to several years.

Prognosis.—Bad.

Treatment. — Good hygienic surroundings. Liquid and highly nutritious food. Treat symptoms as they arise. Compare remedies for chronic gastric catarrh, hæmatemesis.

Remedies. — Arsenicum; Hydrastis; *Condurango*.

Nothing equals *Kreos.* 30 for the vomiting.

HÆMATEMESIS.

Synonyms.—Gastrorrhagia; gastric hemorrhage; blood vomiting.

Definition.—A symptom of various diseases, and consists of an effusion of blood from the vessels of the stomach.

Etiology.—From traumatism; poisons; gastric ulcer or cancer; congestion of the liver or spleen; vicarious menstruation; scurvy; purpura.

Symptoms.—Slight cases possess no distinct symptoms, and the only sign is the spitting of the blood. In severe cases the patient has sensation of warmth and fullness in the epigastrium, with nausea and vomiting. Soon the countenance becomes pale, the extremities cold, and the pulse small.

Differential Diagnosis.—*Hæmoptysis* is preceded by bronchial symptoms, and the blood is coughed up. In hæmoptysis there are râles heard

in the chest. The blood in hæmoptysis is liquid, bright and frothy, free from food and of an alkaline reaction; whereas in hæmatemesis the blood is dark and generally clotted, mixed with food and bile, and of an acid reaction.

Prognosis.—Of itself rarely causes death. The prognosis must be based upon the associated disease.

Treatment.—Absolute rest. Place patient in bed, with feet slightly elevated. No food by the mouth. Give small bits of ice, and place ice bag over epigastrium. Or, which I believe is better, give hot water to drink and rub mustard over the epigastrium.

REMEDIES.

Aconite.—* If with fever. * Great fear and anxiety. * Sudden excruciating pain, with gagging retching, vomiting of blood; cold sweat on forehead (Hering).

Arnica.—From mechanical injuries.

Arsenicum.—* Great anguish and extreme prostration; with coldness of the surface of the body. * The vomited blood is dark almost black; may also have similar substance discharged from bowels.

Belladonna.—If with symptoms of cerebral congestion.

Carbo Veg.—* Hippocratic face; breath cold; limbs cold up to knees; pulse small and thread-like. Collapse. Vomiting of bilious or bloody masses. * Wants to be fanned. Frequent fainting.

China.—For the weakness, etc., following the hemorrhage.

Hamamelis.—* When the vomited blood is dark; sensation of trembling in the stomach; or fullness and gurgling in the abdomen; feverish by spells; weak, quick pulse.

"Have the utmost confidence in its use."—*Dr. Hughes.*

"A number of excellent cures have been reported."—*Dr. Hempel*.

"Has been administered with surprisingly favorable results."—*Dr. Heinigke*.

Ipecacuanha.—* Sudden attacks with paleness of face. * Constant nausea. * With every motion of the body a cutting pain is felt in the abdomen running from left to right.

"No medicine surpasses *Ipecac.* in the curative power; in the most diversified cases, I have effected with this remedy, if not a permanent cure, at least in every case considerable relief, which very often was instantaneous."—*Dr. Jahr*.

"No better nor more efficacious remedy."—*Dr. Baehr*.

"Deserves the preference."—*Dr. Hughes*.

Nux Vom.—* Attended with a great deal of retching. * From some acute affection of the stomach (*Baehr.*). Very *irritable*. * Constant desire for stool. After suppressed hemorrhoidal flow.

Phosphorus.—* Vomiting of dark acid matter; of dark filamentous substances; looks like coffee-grounds or ink. * Better from drinking cold water.

DILATATION OF THE STOMACH.

Synonyms.—Pyloric obstruction; gastric dilatation.

Definition.—An abnormal expansion of the walls of the stomach.

Etiology.—Obstruction of the pylorus; from excessive eating or drinking.

Pathology.—The walls of the stomach may be hypertrophied or thinned. The dilatation may be uniform, or only in circumscribed areas, forming pockets.

Symptoms.—The symptoms of dyspepsia, with the characteristic vomiting, *i. e.*, vomiting every

two or three days, the vomit consisting of food eaten the day before; the vomit is acid in reaction and very fetid. Microscopically there is *sarcinæ* and *torulæ* in abundance in the vomit.

Physical Signs.—*Inspection.*—Great bulging over the epigastrium.

Percussion.—Increased gastric tympany.

Auscultation.—Succussion sound.

Prognosis.—Depends upon cause.

Treatment.—Diet to be light and nutritious, a little food to be given at a time and often; very little liquid food. Washing stomach may be practiced. Operating for pyloric stenosis has been performed.

Remedies.—Consult those given for Gastric Catarrh and Dyspepsia.

Diseases of the Intestines.

ENTERITIS.

Synonyms.—Catarrhal enteritis; ileo-colitis; intestinal catarrh; inflammation of the bowels.

Varieties.—(1) Acute; (2) chronic; (3) membranous.

Definition.—A catarrhal inflammation of the mucous membranes of the intestines.

Etiology.—Generally due to the direct influence of irritating substances in the bowels. From atmospheric changes. Accompanies certain diseases of the liver, stomach and heart.

Pathology.—At first there is hyperæmia, with redness, swelling and dryness of the part. The dryness soon gives way to a thin, serous exudation, which causes liquid discharges from the bowels. The glands of the bowels may ulcerate. In chronic enteritis there is atrophy of the mucous membrane and destruction of the glands. In the membranous form there is formation of a false membrane in the bowels.

Symptoms.—Commences with feeling of general malaise, followed by a slight fever; coated tongue; tenderness of the abdomen; and possibly nausea. But the characteristic symptom is loose evacuations, at first fecal in character, but soon become thin and watery. There is colicky pain *and rumbling* in the abdomen.

ENTERO-COLITIS,

Or follicular enteritis. When the inflammation involves the ileum and colon, and affects particularly the lymphatic glands.

DIARRHŒA.

A condition where there is too frequent stools. It is a symptom of many diseases. -

Varieties.—*Irritative Diarrhœa*.—Due to the presence of some irritating substance in the bowel.

Inflammatory Diarrhœa.—Due to inflammation of the intestines.

Choleraic Diarrhœa.—The diarrhœa which precedes cholera.

Nervous Diarrhœa.—Caused from some nervous influence, as fright, worry, and when “we have to pass an examination.”

Symptomatic Diarrhœa.—When appearing, as a symptom, during the course of another disease.

Vicarious Diarrhœa.—When the diarrhœa is compensatory.

Critical Diarrhœa.—When appearing at the crisis of a disease.

Colliquative Diarrhœa.—When appearing at the end of some long, wasting disease.

Duration.—From two days to one week. The chronic form may last for years.

Prognosis.—Good under homœopathic treatment.

Treatment.—Absolute rest in bed. Let room be well aired; the discharges, when evacuated, immediately removed; hot, dry poultices to the

abdomen if there should be any tenderness. The diet to be liquid and nutritious; feed the patient little and often.

REMEDIES.

Aconite.—* At the commencement of acute attacks; with fever; dry, hot skin; hard, full pulse; restlessness, anxiety and tossing about. * The stools are thin and frequent. * The stools are watery; bloody; or green, like chopped spinach.

Aloes.—* Considerable pain, gurgling and rumbling in the abdomen. * The stools are thin, yellow and copious. * Before stool there is feeling of insecurity in the rectum. * After stool feels prostrated. * Aggravated in morning.

Arsenicum.—* When there is rapid prostration; restlessness; anguish, and tossing about. * Unquenchable thirst; wants small amount of water frequently. * Burning pain in the abdomen. * The stools are worse after midnight, and after eating. * The stools are thick, dark green mucous; or are dark watery; frequent, scant and offensive.

Belladonna.—At the commencement. * With symptoms of cerebral congestion; throbbing carotids; flushed face; drowsiness, but cannot sleep. * During sleep the patient is restless, starts up suddenly, and there is twitching of the muscles. * Head hot, while the hands and feet are cold. * Abdomen sore to touch, cannot tolerate the least jar, even of the bed.

Bryonia.—* From hot weather, or it is aggravated by the return of every spell of hot weather. * Diarrhoea in the morning, as soon as he begins moving about. Stools thin, brown fecal, bad odor.

China.—* Great weakness. * The stomach is swollen from wind; relieved by belching. * The stools are worse at night, and after eating. * The stools are yellow, watery, undigested and painless.

Croton Tig.—* The stools are yellow, watery, expelled suddenly with force, and aggravated from both eating and drinking.

Hyoscyamus.—The stools are yellow, watery, painless; with jerking of the muscles.

Ipecacuanha. — * Constant nausea. * Stools green mucous; as if fermented. * The tongue is clean.

Mercurius.—* Violent tenesmus and continued urging, never get done feeling. * Tenesmus during and after stool. * Region of liver painful and sensitive to contact. * Stools dark green, bilious.

Nux Vom.—After previous drugging. * Pain in the back relieved after stool. The patient is cross, irritable. The stool is thin, brown. * Constant urging to stool.

Phosphorus. — * Chronic cases; painless, undigested; with much thirst for water during the night. * Watery stools, pouring away as from a hydrant; with sensation of emptiness and weakness in the abdomen. * Little grains like boiled kernels of rice are seen with the stools.

Pulsatilla.—* Nightly attacks. * No thirst. * Bad taste in the mouth, particularly in the morning. * The stools are constantly changing in character.

Rhus Tox.—As soon as the disease assumes a typhoid type. * Tongue dry and rough, with red edges and triangular red tip. * Restlessness, must change position often for relief. * Stools bloody water, like washings of beef.

Sulphur.—* Aggravated in early morning, driving him out of bed. * Tendency to relapse. * Stools are blood streaked.

CHOLERA MORBUS.

Synonyms.—English cholera; sporadic cholera; cholera morbus.

Definition.—An acute sporadic affection of the stomach and bowels, having no anatomical lesion.

Etiology.—The eating of unripe fruits; sudden checking the perspiration; drinking ice water while the body is overheated. Hot weather predisposes to it.

Symptoms.—Onset is sudden and violent, generally in the night, with vomiting and purging. At first the vomit consists of the ordinary contents of the stomach, but soon becomes liquid and green in color. The strength sinks, and a cold perspiration breaks out over the body. There are, as a rule, violent pains in the abdomen, and sometimes cramps in the limbs.

Differential Diagnosis.—*Asiatic cholera* is epidemic, the stools have no fæcal odor, are of the “rice water” character, and contain the “comma bacilli.”

Acute enteritis commences slow, has high fever, but not severe cramps.

Duration.—From one hour to two days.

Prognosis.—Good.

Treatment.—Confine patient to bed. If the attack was caused by overeating, induce vomiting, if it has not already taken place. Hot applications to the abdomen, or the drinking of *hot* water often relieves. Bits of ice given the patient will sometimes stop the vomiting. Give only liquid food until the patient is fully recovered.

REMEDIES.

Arsenicum.—*Rapid prostration; with violent vomiting and purging, especially after eating or drinking. *Violent burning in the stomach. *Thirst for small quantity of water often. *Restless and anxious.

Colocynthis.—*Severe colicky pains, mostly around the navel; has to bend double; great restlessness; and loud screaming on changing position. *Worse at intervals of from five to ten minutes.

Cuprum.—*When the attack is associated with spasms or cramps in the limbs.

Dioscorea.—Gripping or crampy pains radiating upward and downward until the whole body, including the fingers and toes, became involved. * Violent twisting colic, coming in paroxysms, worse while lying down, or bending double, better on arising and walking.

Ipecacuanha.—* Constant nausea. * Gripping, as from a hand, each finger seemingly sharply pressing into the intestines. * Cutting about the navel. Must scream and toss about.

"The most effectual remedy."—*Dr. Jahr.*

Nux Vom.—* The patient is very irritable. * Violent retchings. * Ineffectual urging to stool.

Podophyllum.—* For painless cases.

"There is no remedy so surely indicated by painless cholera morbus as Podoph."—*Dr. Bell.*

Veratrum Alb.—* When there appears a cold sweat on the forehead; the nose pointed; the skin of the hands wrinkled; and coldness of the limbs. * There are severe vomiting and purging; with weakness and cramp of the limbs.

CHOLERA INFANTUM.

Synonym.—Summer complaint.

Definition.—An acute catarrhal inflammation of the stomach and intestines, with irritation of the sympathetic ganglia.

Etiology.—High temperature of the summer. Errors of diet. Dentition. Bad hygienic surroundings.

Pathology.—The mucous membrane of the stomach and intestines is inflamed and tumefied; the follicles are swollen and softened. The intestines usually contain a "rice water" fluid. There is disturbance of the sympathetic nerves.

Symptoms.—The onset may be sudden or gradual; as a rule, diarrhoea ushers in an attack.

There is vomiting; the child can retain nothing on its stomach. There is, at the very commencement of an attack, great exhaustion and rapid wasting of the tissues, and soon the child becomes extremely emaciated. The stools, which are very frequent, may average one every hour, are watery, generally greenish, and may contain particles of undigested food; they are sour and possess a characteristic musty odor. There is high fever, thirst, restlessness, and a rapid and feeble pulse, and a scanty secretion of urine. In the last stage symptoms of collapse may supervene.

Duration.—From a few hours to several weeks.

Prognosis.—Must be guarded; but under homœopathic treatment, favorable.

Differential Diagnosis.—*Enterocolitis* has a gradual onset, a moderate fever, and has not the wasting characteristic of cholera infantum.

Treatment.—Give the child plenty of fresh air; keep it out of doors if the weather permits; if it lives in the city, then remove it to the country or seashore. Sponge frequently with tepid water; and change its clothes often. The diet must be regulated for each individual case; remembering that the mother's milk, if she be healthy, is the child's best food. If from any cause the child does not nurse then the food must be liquid and highly nutritious. Give stimulants for the debility.

REMEDIES.

Æthusa—The child lies stretched out in an unconscious condition, with dilated pupils and staring eyes.

* Great intolerance for milk; the child will take the milk,

but it will soon be vomited in large curds; after the vomiting the child falls over exhausted. * Violent, sudden vomiting of a frothy white substance, resembling milk. Stools yellow or greenish liquid; worse in the morning. * Spasms.

Apis.—* When the child inclines to stupor, with loud, shrill screaming. * The tongue is dry, with redness of the buccal cavity, and absence of thirst. * The abdomen is very tender to pressure. The stools are greenish and mixed with mucus; worse in the morning; * involuntary, with every motion, as though the anus stood open.

Arsenicum.—* Prostration and emaciation. * The child is very restless, tosses about, and cries. The stools are dark green, mucous; bloody; frequent and scant; * worse after eating or drinking; and at night, * after midnight. * Great thirst for small quantities of water; but drinks frequently. * Vomiting immediately after drinking. Face pale and cadaveric; the skin dry and shriveled.

Belladonna.—* In cases that show signs of cerebral irritation. * Face flushed, pupils dilated; and throbbing of the carotid. * The child starts and jumps in its sleep. * The head, which the child rolls from side to side, is hot, while the hands and feet are cold. The child is very cross. * The tongue is coated white, with red margins.

Benzoic Acid.—If, during an attack, the urinary discharges become very scanty, and if the urine has a very pungent, strong smell, and if the urine easily becomes turbid (*Lippe*).

Bryonia.—* When the attack is caused by or returns as soon as the weather becomes hot. * Heat of the head, with frequent tossing of the hands to the head. * The lips are dry and parched. * Thirst for large quantity of water at a time. The stools are brown, fecal; or copious, dark green. * Vomiting immediately after drinking. * The patient does not wish to be moved, wants to lie perfectly quiet; every motion causes pain in the abdomen and a passage from the bowels. * Aggravated in the morning, when beginning to be moved,

Calcareo Carb.—The stool is of less importance than

the person and the concomitant symptoms (*Dr. Bell*).
 * In children of a leuco-phlegmatic temperament; who are fat; the skin dry and flabby; the muscles soft; face of a pale chalky appearance; the hair is dry, and looks like tow. * The head is too large, with open fontanelles; there is much perspiration on the head while sleeping, wetting the pillow for quite a distance. * The abdomen is swollen and hard. * There is longing for eggs. * Milk disagrees, and if taken is soon vomited in the form of hard curds; or, may pass from the bowels in curdled masses.

Ipecacuanha.—* Constant sense of nausea; with pale face; and oppressed breathing. * Frequent epistaxis. * The tongue is clean. Drowsiness, with starting and jerking of the muscles during sleep. * The child screams and tosses about. * Vomiting soon after eating or drinking. * The stools are green mucous; dark, looking like molasses; and fermented.

"Frequently indicated at the commencement."—*Dr. Farrington*.

Natrum Sulphuricum.—Frequent attacks of violent colic, with rumbling in the abdomen, relieved by the violent discharge of yellow water with large quantities of flatus. The stools are more frequent during the morning hours, after the child has been taken up and is moved about, like *Bryonia* (*Dr. Lippe*).

Podophyllum.—Restless sleep; the child tosses about in the bed. During sleep the child's eyes are only half closed; there is moaning; grinding of the teeth; and rolling of the head. Vomiting of frothy mucous; gagging and retching. * Colic, with retraction of the abdominal muscles. * The stools are greenish, watery, profuse, gushing and offensive. * The passages are more frequent at night than in the daytime.

Sulphur.—* Tendency to relapse; or, for cases that seem to linger. * The attack commences after midnight. Pale face; open fontanelles; stupor; no thirst; and suppressed urinary secretion. * Aversion to washing. * Offensive odor of the body despite frequent washing; the odor of the stool follows the patient as if he had soiled himself.

* The stools are watery, greenish, involuntary, and sometimes sour.

CONSTIPATION.

Synonym.—Costiveness.

Definition.—A retention of fecal matter; generally due to a deficiency in the peristalsis of the large intestines; but, may be due to a deficiency of intestinal or biliary secretion.

Etiology.—Any disease which lessens peristalsis or the secretion of the intestines will cause constipation. Dyspepsia; irregular living; certain foods; the abuse of laxative medicines; intestinal obstruction; and sedentary occupation, will lead to costiveness.

Symptoms.—There are many reflex symptoms; but, the characteristic symptom is the infrequent movement of the bowels.

Treatment.—Remove the cause if possible. Regulate the diet and habits of the patient; have him take regular exercise; eat regularly; drink plenty of water during the day, and drink a glass of water before retiring at night; and have a regular time for defecation. Abdominal massage has given excellent results; and, electricity has cured many obstinate cases.

REMEDIES.

Alumen.—* No desire for stool for days. * Feces dry, hard and black.

"I have been led to use Alumen quite extensively in a variety of ailments characterized by a most obstinate constipation, which had been existing for a long time."

—*Dr. Guernsey.*

Alumina.—* Great inactivity of the rectum; must strain to pass even a soft stool. * Constipation, from dryness of the mucous membrane of the rectum.

Ammonium Mur.—* Stools are hard, crumbling, requiring great effort to expel them; with severe burning and smarting of the anus.

Anacardium.—* Urgent desire for stool, but *with the effort the desire passes away without an evacuation*; the rectum seems powerless; with sensation as if plugged.

Arnica.—* Constipation from *blows* on the epigastrium.

Bryonia.—* When the patient is irritable; or, the constipation occurs in hot weather; or, in those subject to rheumatism * Constipation from dryness of the mucous membrane of the intestines. * The stools are large, hard and very dry, as if burnt; passed after much straining.

Causticum.—Frequent ineffectual efforts to stool, with much pain, anxiety and * redness of the face. * Stools pass better while standing. * The stools are tough and *shining as if greased*; the first part is hard and in pieces, while the last part is soft. * Stools knotty, like sheep's dung.

Graphites.—* Herpetic diathesis. * In women who have delay of their menses. * The stool is hard, knotty; *covered with mucous*, or *contains shreds of mucous*; the knots being united by mucous shreds. * There is much mucous after stool.

Hydrastis.—* In debilitated persons; subject to taking much laxative medicine. Stools are hard, lumpy, with mucous.

"It is in cases where constipation stands alone, or is itself the cause of the other existing ailments, that I find the Hydrastis so valuable."—*Dr. Hughes.*

Ignatia.—* Frequent sighing and full of grief. * Pro-lapsus of the rectum with the stool. * Stabbing pain from anus upwards into rectum after stool.

Magnesia Mur.—* In infants during dentition. * Large, hard stools passed with difficulty, and *crumble at the verge of the anus.*

Natrum Mur.—"In tedious cases, where the above

remedies have failed, and there is no inclination whatever to evacuate."—*Dr. Hering*.

Nitric Acid.—* Stools dry, or alternately dry and liquid; passed without pain.

Nux Vom.—In those who have sedentary occupations; or subject to piles; or from overeating; or from excessive mental work. *Frequent ineffectual urging to stool. *Stools are small, slimy or bloody.

Opium.—In corpulent, good-humored women and children. *Stools are composed of hard, round, black balls. *Due to paresis of the intestines.

Phosphorus.—*The stools are long, slender, like a dog's.

"For the constipation due to a gastric neurosis, and when occurring in fevers and chronic diseases of the circulatory and intestinal tract, with prostration of the vital forces."—*Dr. Strong*.

Platina.—*Due to lead poisoning; or, while traveling. *The stool adheres to the rectum and anus like soft clay; with much straining. *Frequent urging, with expulsion of only a small portion of feces.

Plumbum.—*With violent colic, or spasmodic pains in the stomach. Stools are hard and lumpy. *Sensation as if the anus was drawn upwards.

Sepia.—*In pregnant women; or, those subject to uterine diseases. The stool is hard and knotty, like sheep dung. *Unsuccessful urging to stool, only wind and mucous passed. *Sensation as of a lump, or weight, in the rectum. *Pain in the rectum during, and for a long time after, stool.

Silicea.—*Occurring with spinal disease; or, in women during the menses. *"Sensation as though fæces remained in the rectum, which has not power to expel them; when, after much violent effort of the abdominal muscles, fæces have been nearly expelled, they suddenly recede into the rectum."—*Dr. Dunham*.

Sulphur.—Chronic constipation. Frequent unsuccessful desire for stool. *The first effort at stool is painful, compelling one to desist. Stool is hard and knotty.

INTESTINAL OBSTRUCTION.

CONGENITAL OCCLUSION

Is a surgical disease; which is recognized by direct examination.

INTUSSUSCEPTION,

Or invagination, is the slipping of one portion of the intestines into an adjacent portion. It is more frequently found in the young, and in the male sex. Its favorite seat is around the ileo-cæcal valve.

Symptoms.—Onset sudden, with violent spasms of the intestines; and constipation. Vomiting, which soon becomes stercoraceous. The abdomen is swollen and tender to touch. Finally, symptoms of collapse.

Prognosis.—Very grave.

Treatment.—May inflate the intestines; or inject warm water or oil; and such surgical means as seem necessary.

Remedies.—Aconite; Arsenicum; Belladonna; Carbo veg.; Cuprum; *Nux vom.*; *Opium*; *Plumbum*; *Veratrum alb.*

STRICTURE

May be due to contraction of cicatrices; or, to infiltration of the intestinal walls. They are most frequently found in the rectum; and, are generally of a cancerous origin.

HERNIA

Is caused by a portion of the intestines slipping through the diaphragm.

TWISTING

Or volvulus. The twist usually occurs around a relaxed and lengthened mesentery.

UNNATURAL ACCUMULATIONS

May be caused by gall stones; or, from fecal impaction.

TUMORS.

Tumors of various kinds, but mostly cancers, are found in the intestines.

INTESTINAL COLIC.

Synonyms.—Enteralgia; tormina.

Definition.—A functional disorder of the intestines, characterized by a spasmodic contraction of the muscular coat of the intestines.

Etiology.—The presence of irritating food within the intestines; flatulency; or, abnormal fecal accumulation. Sometimes reflex from other disease.

Symptoms.—Severe twisting, tearing, cutting or pressing pain in the umbilical region, spreading over the whole abdomen. The pain is relieved by pressure; and, momentarily by changing the position. The attack lasts from a few minutes to several hours.

Differential Diagnosis.—*Peritonitis* has a high temperature; tenderness on pressure; and constant pain.

Hepatic Colic has vomiting and jaundice; with pain most severe in the epigastric region.

Nephritic Colic has pain along the ureters into

the penis; with frequent desire to urinate; and retraction of the testicles.

Uterine Colic has pain most severe in the hypogastric region, tenderness, aggravated by pressure; and associated with some menstrual irregularity.

Treatment.—Hot applications to the abdomen. Inject hot water into the rectum.

REMEDIES.

Aconite.—* If from a cold. Burning, cutting, darting in the bowels; worse from least pressure. Abdomen swollen. * Anxious and restless; with fear of death.

Belladonna.—* As if one spot in the intestines were seized with nails; a griping, clutching, clawing pain. * During the pain the transverse colon protrudes like a pad, all the way across the abdomen.

Chamomilla.—* Very cross, does not want to be spoken to. Abdomen distended with wind; the application of heat relieves.

Colocynthis.—For the majority of cases. Abdomen tympanitic. * Severe colicky pains, mostly around the navel; has to bend double, being worse in any other position. * Great restlessness; and loud screaming on moving. * Worse at intervals of from five to ten minutes. * Seek relief by pressing the corner of a table, or the head of a bed post, into the abdomen. The pain spreads from the navel over the abdomen.

Dioscorea.—* Violent twisting colic, in paroxysms. * Severe cutting pains around the navel. * The pains radiate upward and downward until the whole body, including the fingers and toes, become involved. * The colic is aggravated by lying down, or from bending double (opposite to Coloc.).

Magnesia Phos.—Flatulent colic forcing the patient to bend double; relieved by friction, warmth, and pressure; accompanied by belching gas, which gives no relief.

Nux Vom.—*From indigestible food. Hot drinks relieve. *Frequent urging to stool.

Opium.—Cutting in the abdomen. *Squeezing pains, as if something were forced through a narrow space. *The abdominal muscles are retracted. *Lead colic.

Plumbum.—Cutting, contractive pains, with restlessness and tossing about; better from rubbing or hard pressure. *Abdomen hard as a stone; knots form in the recti muscles. *Cold sweat and faintness. *Navel violently retracted. *Abdomen drawn in, as if by a string, to the spine.

INTESTINAL PARASITES.

TAPEWORMS.

Varieties.—*Tænia solium*; *bothriocephalus latus*; *tænia medio-canellata*.

Tænia solium, or the "armed tapeworm," or the "pork tapeworm" is the most common form in this country.

The *tænia solium* is derived from the hog; and, is from one to ten yards in length; and consists of a head, neck and a body. The *head*, or scolex, has four cup-like, round projections, or suckers; and two rows of hooklets. The *neck* is slender, and measures from one-half to one inch in length. The *body* is composed of segments, or joints, which, near the neck, are round, but gradually flatten as they form the body, until they become nearly quadrilateral in shape. Each fully developed segment has both male and female sexual organs, which are situated on the broad side of the segment. These worms are found attached to the upper third of the small intestines.

Bothriocephalus latus is supposed to come from

fish. Its head has no suckers, or hooklets, but has two split-like openings.

Tænia medio-canellata, or *tænia saginata*, or the "unarmed tapeworm" is larger, stronger and thicker than the *tænia solium*; and comes from the beef. The head has four suckers, but *no* hooklets.

Symptoms.—There is often no symptoms produced by these worms. There may be vague dyspeptic symptoms, with possible nervous phenomena. The only positive sign is the presence of the eggs, or segment of the worm, in the stool, or in the vomited matter.

Treatment.—Must be treated symptomatically. For the removal of the worm: let patient fast for twelve hours, then give one of the following: pumpkin seeds, dose two to three ounces; pelletierine, the alkaloid of pomegranate, dose five grains; kooso, dose one-half ounce; *routera tinct.*, dose two to three teaspoonfuls; to be followed by a purge in a few hours.

ROUND WORMS.

Varieties.—*Ascaris lumbricoides*; *oxyuris vermicularis*.

Ascaris lumbricoides is generally found in the smal. intestines, but may be found in other localities. This round worm resembles an earth worm in general shape. Its length is from ten to twenty inches. Its head has a mouth with three semilunar lips.

Oxyuris vermicularis resembles a piece of thread. Generally found in the rectum.

Symptoms.—General dyspeptic symptoms. Grinding of the teeth at night; night terrors; picking at the nose; mucous stools; and nervous phenomena.

Treatment.—Santonin, 1x trit., two to five grains every three hours, is well nigh specific.

APPENDICITIS.

In inflammations of the cæcal region there are:

Typhlitis, which is a catarrhal inflammation of the cæcum.

Appendicitis is a catarrhal inflammation of the appendix.

Perityphlitis is an inflammation of the serous covering of the cæcum.

Etiology.—Typhlitis and appendicitis are generally caused by fecal empaction; or, from the presence, in the bowel, of foreign or irritating substances. Perityphlitis is always secondary to appendicitis.

Symptoms.—Irregular chilliness, with fever, pain and tenderness in the right iliac fossa. Constipation, which may give way to a diarrhœa.

Physical Diagnosis.—*Palpation* shows tenderness of the part; with, sometimes, localized induration.

Prognosis.—Favorable; but must be guarded.

Complications.—Peritonitis; perforation of the appendix.

Treatment.—Place patient in bed. Hot applications over the painful part often relieves. If pus threatens to form hasten it by the appropriate remedy, and, as soon as formed, remove by as-

pirator, or by free incision into the part. Some surgeons advise immediate removal of the appendix as soon as appendicitis is diagnosed.

Remedies.—Aconite; Arsenicum; Belladonna; Bryonia; Colocynthis; Hepar; Mercurius; Rhus tox.; Sulphur.

PROCTITIS.

Synonym.—Rectitis.

Definition.—A catarrhal inflammation of the rectum.

Etiology.—Traumatism; the presence of foreign bodies in the rectum; dysentery; constipation; hemorrhoids.

Pathology.—Similar to that of dysentery.

Symptoms.—There is burning in the rectum, with frequent urging to stool, and violent tenesmus. The stool contains mucous, and sometimes blood.

Complications.—Peritonitis; periproctitis.

Prognosis.—Good.

Treatment.—Same as for dysentery.

DISEASES OF THE PERITONEUM.

PERITONITIS.

Definition.—A fibrinous inflammation of the peritoneum.

Varieties.—May be acute or chronic; primary or secondary; or, sero-fibrinous, fibrinous, or purulent.

Etiology.—Exposure to atmospheric changes. The extension, to the peritoneum, of inflammation of other organs. Traumatism. Perforation of the stomach, intestines, etc. Septicæmia, or pyæmia.

The *chronic variety* is generally found in connection with tuberculosis, cancer, or, possibly, syphilis; or, may follow an acute attack.

Pathology.—Hyperæmia, with redness of the parts. The normal secretion is diminished, and the membrane is dull looking; there is an exudation of febrin, which tends to glue the surfaces together. Sometimes there is an effusion of serum, varying from ounces to gallons, which gravitates to the most dependent portion of the peritoneal cavity; or, there may be an exudation of pus.

In the *chronic form* the exudate forms into fibrinous bands, adhering the parts together. The membrane is thickened and hardened.

Symptoms.—Onset is sudden, with chill, and

moderate fever. The pulse is small, quick and wiry. The abdomen is swollen, tense and hard; it is sore and tender, even the pressure of the bed clothes are unendurable. The patient lies on the back, with the limbs flexed. The pain is aggravated by every movement. Vomiting, which is often an annoying symptom, may become stercoraceous. Hiccough is also frequently present. There is usually obstinate constipation; and painful, or suppressed, urination.

Differential Diagnosis.—*Acute enteritis* has a high fever; slight swelling of the abdomen; and a diarrhœa.

Intestinal colic has no fever, nor vomiting; the pain is paroxysmal, and relieved by pressure.

Intestinal obstruction has no fever; and no great tenderness.

Acute gastritis begins with vomiting; the pain is confined to the gastric region, with little or no tympanitis.

Renal and *hepatic colics* have no fever; no tympanitis; and the pain is relieved by pressure.

Complications.—Intestinal obstruction; sepsis.

Duration.—About ten days.

Prognosis.—Favorable; but must be guarded.

Treatment.—In the *acute form* the patient must be confined to bed; perfect rest, bodily and mentally, being essential to recovery. Hot applications, or turpentine stupes, over the abdomen often relieves the severe pain and tenderness. Some advise to give opium, so as to put a stop to all intestinal motion, in that way they claim better results, — the “putting-the-bowels-in-a-splint”

idea. Bits of ice may be given, and often checks the excessive vomiting. The diet must be liquid, returning gradually to solid food only after the patient is fully recovered.

In the *chronic form* the treatment must be constitutional. Painting the part with iodine helps sometimes. Sometimes paracentesis will have to be performed.

REMEDIES.

Aconite.—* At the commencement of the disease; chill; fever; with restlessness; anxiety; tossing about; and fear of death. The pulse is full and frequent. The abdomen swollen, and tender to touch; with cutting, burning or tearing pains.

"Indispensable."—*Dr. Hughes.*

"The chief remedy at the outset."—*Dr. Jahr.*

Arsenicum.—* Great weakness and prostration. There is a cold and clammy sweat. *Anguish, and tossing about. *Thirst, for small quantities of water frequently. *Violent burning, or colicky pains in the abdomen. *Persistent vomiting. *There is a copious and persistent exudate.

Belladonna.—* When, with the fever, there is congestion to the head or chest. *Face red and bloated; throbbing of the carotids. *Intolerance to both light and noise. *Continual moaning, it seems to relieve the patient. *Cramp and colic-like pains in the abdomen, as if a hand had clutched some part, and was griping (squeezing) it with force, causing great pain; or a feeling as if the nails of the fingers were dug into the part. *Pains which come and go quickly. *Vomiting of bile; alternating with retching. *Drowsiness, sleepiness, but cannot sleep. *The abdomen is swollen, hot to the touch, and very sensitive, even the pressure of the bed clothes are intolerable; jarring the bed, or walking heavily in the room, disturbs her very much.

Bryonia.—* When effusion threatens. *The fever is

now less, and the patient is irritable, desires to lie perfectly still, does not want to be disturbed. * Nausea and faintness on sitting up. * Mouth and lips parched and dry; great thirst. * Obstinate constipation. * Sharp stitching, or lancinating pains; aggravated from any motion.

"When we desire to remove the effused fluid as soon as possible."—*Dr. Baehr*.

Carbo Veg.—* Threatened collapse.

"In the last extremity a *potency of Carbo veg.* will often bridge a terrible chasm."—*Dr. Conant*.

Mercurius.—* Tendency to suppuration; or, to form abscesses. * Frequent chilliness, with fever, followed by copious sweats, which do not relieve. * Nocturnal sweats. * Abdomen swollen, and sensitive to touch. * Patient is worse at night. * Tongue swollen and moist, showing the imprints of the teeth.

"Prevents the further spread of the suppurative process."—*Dr. Farrington*.

"It is the frequently exacerbating fever, with creeping chills, and copious perspiration after the heat, which points to Mercury."—*Dr. Baehr*.

Nux Vom.—* After the disappearance of the exudation; to equalize the remaining trifling irregularities in the digestive function, especially the torpor of the bowels (*Baehr*).

Opium.—For the paralytic weakness of the intestinal canal; with unusual distension of the abdomen; obstinate constipation; and retention of the urine.

Sulphur.—To promote, or excite, the absorption of the exuded fluid (*Baehr*).

Terebinthina.—* Excessive distension of the abdomen with gas; rumbling in the bowels; and suppression of the urinary secretion.

Veratrum Alb.—* When the patient is anxious; restless; the countenance is unnatural; nose is pinched; and there is a cold sweat on the forehead. * Burning in the abdomen. * Vomiting is very annoying; also diarrhoea.

ASCITES.

Synonyms. — Hydroperitoneum; peritoneal dropsy; dropsy of the abdomen.

Definition.—An accumulation of serum in the peritoneal cavity.

Etiology.—From chronic peritonitis; interstitial hepatitis; or, from valvular heart disease. As a symptom of other diseases; or, as an expression of general dropsy.

Physical Signs.—*Inspection.* Enlargement of the abdomen; swelling of the superficial veins; and, more or less, obliteration of the navel.

Palpation.—Fluctuation.

Percussion.—Below the level of the liquid there will be flatness, while above there will be a tympanitic note. The line of dullness will change with the position of the patient.

Treatment.—Remove cause if possible; and direct treatment to the primary disease. Besides surgical measures, consult the following

REMEDIES.

Aconite.—* For acute febrile dropsies.

Acetic Acid.—* Intense thirst; debility; dry, hot skin; and frequent urination of large quantities of pale urine.

"An undeservedly neglected remedy."—*Dr. Farrington.*

Apis.—* There is a waxy hue, or transparency to the skin. * No thirst. The whole body feels sore and bruised. * Stinging pains. * Scant, dark, albuminous urine.

"It is a leading remedy."—*Dr. Jousset.*

Apocynum Can.—* Bruised feeling in the abdomen. * Terrible sinking feeling at the pit of the stomach.

*The urine is very scant and dark colored. *Great thirst, but water disagrees, and if taken, is vomited.

Arsenicum.—Dropsy from kidney, heart or liver disease. *The patient is very much emaciated; very weak; restless and anxious, particularly at night. Cannot lie down. *Thirst, drinks often, but only small quantities at a time. *Eating or drinking excites vomiting.

"Suitable in all forms of dropsy."—*Dr. Baehr*.

China.—*From debilitating diseases.

Colchicum.—*With suppressed urine; or, with urine containing blood and albumen.

Digitalis.—*From heart disease. *The skin is bluish; the urine scant; and the characteristic pulse, which is a slow, irregular pulse, excited by the least movement.

Helleborus.—Where there is no thirst. *The urine is dark, with coffee ground sediment. *Sense of coldness in the stomach.

Iodine.—*Excessive loss of flesh, with canine hunger. Cardiac anxiety, with trembling of the limbs. Urine is dark and scanty.

"Perfectly homœopathic to ascites."—*Dr. Jousset*.

Pulsatilla.—"Ascites which is due to menstrual difficulties, especially at puberty or at the menopause, is cured by *Pulsatilla*."—*Dr. Jousset*.

Sulphur.—*From suppressed skin eruptions.

DISEASES OF THE LIVER.

HYPERÆMIA OF THE LIVER.

Varieties.—Active and passive hyperæmia.

Etiology.—*Active hyperæmia* is generally due to errors of diet; indigestion; excessive eating and drinking. Blows over the region of the liver may cause active hyperæmia of that organ. Malaria. The suppression of a habitual bloody discharge. Often found in hot climates.

Passive hyperæmia is due to some cardiac or pulmonary disease which retards the venous circulation. Incompetence of the tricuspid, or stenosis of the mitral valves are the most frequent causes. Emphysema and chronic bronchitis also cause passive hyperæmia of the liver.

Pathology.—In *active hyperæmia* the liver is swollen; abnormally full of blood; and from a light to a dark red color. The liver is heavier and smoother than normal; and has a shiny appearance.

In *passive hyperæmia* the liver presents a mottled appearance, and is called a "*nutmeg liver*." The mottling is due to congestion of the centre of the lobule, or the area of the hepatic vein, while the periphery of the lobule, or area of the portal vein, is anæmic. If passive hyperæmia is long standing there may be atrophy of the liver cells, with increased growth of connective tissue; the

lobule will become deeply pigmented; this condition is called "*cyanotic induration*." The liver, which is at first swollen, may become contracted.

Symptoms.—In *active hyperæmia* there is a feeling of malaise; loss of appetite; badly coated tongue; bitter taste in the mouth; headache; and possibly a slight jaundice. The liver is more or less swollen; there is tenderness under the free borders of the ribs; with sense of weight and pressure in the right hypochondrium. There is often severe pain in the right side, which runs to the right shoulder.

Passive hyperæmia has the same symptoms as active hyperæmia, except it has a more gradual onset, and is generally associated with gastrointestinal catarrh.

Duration.—About five days.

Prognosis.—*Acute hyperæmia*, recovery; while in the *passive hyperæmia* it depends upon the cause.

Treatment.—Remove the cause, if possible. Regulate the diet. During an acute attack confine patient to bed; hot applications to the affected side often prove helpful.

REMEDIES.

Belladonna.—If signs of inflammation should develop.

Carduus Mar.—"In infusion will be found an excellent remedy."—*Dr. Hempel*.

Chamomilla.—* If the attack comes from a fit of anger or from chagrin.

Chelidonium.—* The liver is considerably congested; the hypochondrium is very sensitive to pressure; pressure in the region of the liver. There is dull headache; bilious

eructations; and bad odor from the mouth. * Pains in the region of the liver, shooting toward the back. * Pain under inferior angle of the right scapular.

Iris.—Headache. Loss of taste and appetite. Nausea and vomiting. Burning and cutting in the right hypochondrium, worse from motion.

Lachesis.—In cases occurring in drunkards. Acute pain in the liver. * The region of the liver is very sensitive; cannot bear any pressure about the hypochondria; must loosen the clothes.

Leptandra.—Great distress and aching pains in the liver. * The stools are very black, like tar. * Tongue is coated yellow. * Soreness of the head and eyeballs.

Mercurius Dulc.—When due to surfeit.—(*Clarke.*)

Nux Vom.—* When due to high living; abdominal plethora; or debauchery. * The patient is very irritable. * The tongue is comparatively clean on its first half, while the posterior half is coated with a thick fur. * Sour taste in the morning, though the food and drink taste natural. The liver is swollen, sensitive, with pressure and stinging pains; must have the clothes loose around the waist.

"The most frequent homœopathic remedy."—*Dr. Baehr.*

Podophyllum.—Fullness and twisting pain in the right hypochondrium, with sensation of heat. * Alternate diarrhoea and constipation. * Offensive odor from the mouth. * Rubs and strokes the hypochondrium with the hands. * Prolapsus ani.

Sepia.—For women in the critical years (*Baehr.*).

Sulphur.—Chronic cases.

"Holds the first rank."—*Dr. Baehr.*

JAUNDICE.

Synonym.—Icterus.

Definition.—A yellow discoloration of the tissues of the body, due to the presence of bile pigment.

Varieties.—(1) Hepatogenous, or obstructive

jaundice; (2) Hæmatogenous, or non-obstructive jaundice.

Etiology.—*Hepatogenous jaundice* is developed whenever the passage of bile into the ductus communis, or into the intestines, is checked by some mechanical means, such as, inflammatory product in the duct, biliary calculi, cancer, etc.

Hæmatogenous jaundice is due to the several fevers, septicæmia, etc.

Symptoms.—Jaundice is manifested by the discoloration of the tissues and fluids of the body. The discoloration begins in the conjunctivæ. The urine is dark in color. The stools are very light in color. There may be nervous symptoms.

CATARRHAL JAUNDICE.

Synonyms.—Catarrh of the bile ducts; catarrhal hepatitis.

Definition.—A catarrhal inflammation of the mucous membrane of the bile ducts and of the duodenum.

Etiology.—It may be due to exposure to atmospheric changes; but it is generally the result of the extension of the inflammation of a gastro-duodenal catarrh into the bile ducts. From the irritation caused by the presence of calculi, or parasites, in the ducts. As a complication of certain diseases, as syphilis, pyæmia, malaria, etc.

Pathology.—The disease generally begins in the duodenum and extends inward into the ducts. There is hyperæmia, followed by inflammation, and swelling of the mucous membrane of

the ducts; there is an excessive secretion of mucous, which covers the membrane, and obstructs the flow of bile. The bile being retained, soon stains the liver substance; and, is taken up by the blood. Sometimes pus forms, causing small abscesses.

Symptoms.—The symptoms, at first, are those of gastro-duodenal catarrh, followed by the symptoms of jaundice.

Duration.—The acute symptoms usually last several days; but the jaundice may continue for five or six weeks.

Prognosis.—Recovery.

Treatment.—Rest in bed. Liquid diet, particularly milk; avoid meats and starchy foods; drink plenty of water. Hot applications often relieve the pains.

REMEDIES.

Aconite.—* Acute cases, where there is fever, restlessness, and anxiety; knows she is going to die, predicts the day. * Pressure or contraction in the region of the liver, with oppressed breathing. * Stools white; with dark red urine. Alternate slimy stools and constipation.

“In all recent cases, if there is much fever, I commence the treatment with Acon.”—*Dr. Jahr.*

Arsenicum.—* When from some liver disease; malignant cases.

Bryonia.—Fever; chilliness on moving. * Mouth and lips dry and parched, with desire to continually moisten them; thirst for large quantities of water. * Sharp stitches in the right hypochondrium, worse from any motion, and better from lying on the right side. * Nausea and faintness when attempting to set up.

“Specially indicated by extreme languor, or rather by a general feeling of illness.”—*Dr. Bachr.*

Carduus Mar.—Dull headache, bitter taste in the mouth, tongue white, especially in the middle, with the tip and edges red. There is nausea with vomiting of an acid green fluid. The stools are bilious and the urine golden yellow. There is an uncomfortable fullness in the region of the liver (*Farrington*).

Chamomilla.—Particularly in young children; or *where the jaundice is caused from a fit of anger, or chagrin.

Chelidonium.—*Jaundice from portal hyperæmia, gall-stones, or, from catarrh of the bile ducts. Pain in the region of the liver, shooting toward the back. Sensitiveness of the hypochondrium. Bitter taste. *Pain in the right shoulder.

“No better remedy.”—*Dr. Hale*.

“Has made many brilliant cures.”—*Dr. Burt*.

China.—*When jaundice arises from gastro-duodenal catarrh; loss of vital fluids; weakness, from long sickness; sexual abuse; or from malaria. *Periodical jaundice. *The liver is congested, swollen, and painful; worse from contact. *The patient is worse every other day. *The stools are white, and are passed with much fetid flatus.

“Will commonly ward off the development of an incipient attack of jaundice.”—*Dr. Laurie*.

Digitalis.—*Jaundice from some heart disease. *Slow, irregular pulse. Pressure and soreness in the region of the liver. *Constant nausea and retching. *The stools are white, gray or clay colored.

“Acts admirably.”—*Dr. Farrington*.

Hydrastis.—When due to the extension of a gastro-duodenal catarrh. *There is great debility; with sensation of sinking and prostration at the epigastrium. Stools light colored; urine dark.

Iodine.—Complexion yellow; or, soon changing to brown. Region of liver sore to touch.

“Chronic jaundice not due to obstruction.”—*Dr. J. H. Clarke*.

Mercurius.—*The tongue is swollen, moist and shows

the imprint of the teeth. * Very offensive odor from the mouth. * The skin is dirty, yellow. * Itching all over body, worse at night, when warm in bed. Clay colored stools. The region of the liver is very sore to touch.

"A specific remedy in a great number of cases."—*Dr. Laurie.*

"Simple jaundice, from catarrh of the bile ducts."—*Dr. J. H. Clarke.*

"One of the most frequently indicated remedies, with or without fever."—*Dr. Raue.*

Mercurius Dulc.—Nearly specific in cases that present the general mercurius symptoms.

Myrica Cer.—Despondency, dull heavy headache, worse in the morning; the eyes and sclerotic have a dirty, dingy, yellowish hue, the lids being abnormally red; the tongue is coated a dirty yellow (*Farrington*).

Nitric Acid.—When in consequence of chronic derangement of the liver (*Raue*).

Nux Vom.—* Sedentary habits. * Very irritable, desires to be alone. Liver swollen, indurated, sensitive, with pressure and stinging, cannot endure the pressure of the clothes around the waist. Fainting spells. Constipation, with frequent, ineffectual efforts.

Phosphorus.—Jaundice complicating pneumonia; brain disease; or, nervous excitement.

Podophyllum.—Complicating pneumonia, or highly developed affections of the brain (*Baehr*). Hyperæmia of the liver, with fullness, soreness and pain. Alternate constipation and diarrhœa.

"Excellent in moderate attacks of jaundice without fever, or in chronic jaundice not much interfering with the general health."—*Dr. Hempel.*

Sepia.—In chronic jaundice with frequent recurring paroxysms (*Baehr*).

Sulphur.—Only in chronic cases, and then only, if material changes exist in the structure of the liver (*Baehr*).

INTERSTITIAL HEPATITIS.

Synonyms.—Sclerosis of the liver; cirrhosis of the liver; hob-nailed liver; gin-drinkers' liver; granular liver; gouty liver.

Definition.—A chronic inflammation of the interstitial tissue of the liver, resulting in an increase of connective tissue, with atrophy of the secreting cells.

Etiology.—Sometimes develops without assignable cause; but the abuse of alcoholic stimulants and the continued use of exceedingly highly seasoned foods are the most prolific causes of interstitial hepatitis. Often found associated with syphilis, gout, rheumatism, malaria and phthisis. Chronic heart and lung diseases, which produce hyperæmia of the liver, if long continued, may develop cirrhosis of the liver. Male sex and middle life are predisposing causes.

Varieties.—(1) Atrophic cirrhosis; (2) hypertrophic cirrhosis.

Pathology.—*Atrophic Cirrhosis.*—*First stage:* Hyperæmia of the liver; with formation of a soft, pulpy matter, which first appears in the portal canals. This mass is composed of round cells, which soon form new connective tissue. In this stage the liver is enlarged, its surface smooth, and the capsule thickened.

Second stage: This new connective tissue presses upon the portal capillaries and liver cells, causing the cells to undergo fatty degeneration; and the connective tissue contracting decreases the size of the liver, the surface of which becomes

nodulated. The liver, in this stage, is small, hard, irregular in outline, and pale in color.

Hypertrophic Cirrhosis is when the above changes take place in an abnormally enlarged liver. The term is also applied when the changes start from the periphery of the capillary bile-ducts.

Symptoms.—The symptoms of the *first stage* are those of congestion of the liver and gastro-intestinal catarrh; with, perhaps, hemorrhages from the stomach and bowels, and development of piles. In the *second stage* there is progressive emaciation; ascites appears; swelling of the superficial veins of the abdomen, particularly around the umbilicus, forming the "*caput medusæ*." The skin is rough, has a muddy appearance, and may, or may not, be jaundiced. The spleen is usually enlarged.

Physical Diagnosis.—*Inspection.*—In the late stage there will be a muddy appearance to the skin; ascites; and enlarged abdominal veins.

Palpation.—In the early stage the liver will be smooth, or finely granular; while in the late stage it will be uneven, granular, with firm, sharp edges.

Percussion.—In the early stage there is increased area of hepatic dullness; while in late stage there is diminished area of hepatic dullness and signs of ascites.

Differential Diagnosis.—*Fatty Liver* has not the symptoms of dyspepsia; or, gastro-intestinal catarrh; nor has it the emaciation; or ascites.

Cancer of the Liver has the general cancerous

cachexia; has no ascites; no enlargement of the abdominal veins; and has marked tenderness over the liver; and no enlargement of the spleen.

Duration.—Many years; but, after the dropsy has once commenced, its duration is usually only a couple of years.

Prognosis.—In the first stage it can be cured; but, after contraction of the liver has once begun it is then a progressive disease.

Treatment.—Light, nutritious foods, a milk diet is very beneficial; positively no alcoholic stimulants. The first stage is treated the same as hyperæmia of the liver; also, consult treatment for dyspepsia.

REMEDIES.

Aurum.—Cirrhosis of the liver; ascites; stools gray.

*The patient is bent of suicide.

Carduus Mar.—"Tincture, four drops, four times a day."

Hydrocotyle Asiat.—Cirrhosis of liver; hypertrophy and induration of connective tissue; obstruction in the whole hepatic region; slight pain in upper portion of liver; crampy pains in stomach, without nausea (*Lilienthal.*).

Lycopodium.—In cases presenting the usual stomach and bowel symptoms of this remedy.

"Ascites, from liver affections, particularly after abuse of alcohol."—*Dr. Lilienthal.*

"Particularly adapted to the treatment of cirrhosis."—*Dr. Baehr.*

Muriatic Acid.—In last stage. Typhoid condition. Patient becomes drowsy. Great emaciation.

"Useful in the last stage of dropsy from cirrhosis of the liver."—*Dr. Farrington.*

Phosphorus.—Liver is hard, large, with subsequent atrophy. *Vomiting, as soon as any food taken becomes

warm in the stomach. Vomiting of blood; of sour matter. *Weak, empty, or gone sensation felt in the whole abdominal cavity. *Stools watery, pours away as from a hydrant.

"A true *simile* to the disease."—*Dr. Hughes*.

"Clearly indicated in two varieties of cirrhosis, *i. e.*, atrophic and hypertrophic."—*Dr. Jousset*.

"Chronic phosphorus poisoning produces an interstitial hepatitis, with hypertrophy first, followed by an atrophy of the liver and a granular aspect."—*Dr. Wagner*.

SUPPURATIVE HEPATITIS.

Synonyms.—Abscess of the liver; parenchymatous hepatitis.

Definition.—A suppurative inflammation of the hepatic cells, resulting in the formation of one or more abscesses.

Etiology.—The main cause is septic emboli finding their way to the liver, through the portal vein, from the ulcers of dysentery, typhlitis, typhoid fever, or from ulcers of the stomach.

Pathology.—Hyperæmia of the liver, followed by purulent inflammation. The hepatic cells undergo softening, and degenerate into pus, forming abscesses. These abscesses may be single or multiple; may remain separate, or several may unite forming a large abscess. The pus, if the abscess is small, may be absorbed; or it may be spontaneously evacuated through the bronchial tubes, or through the intestines. When recovery occurs there is a dense cicatrix at the site of the abscess.

Symptoms.—Very obscure; sometimes even without local or constitutional symptoms to point

to its existence (*Loomis*). Generally manifested by the usual symptoms of suppuration, together with an enlarged and tender liver. Fluctuation may be detected if the abscess is large.

Differential Diagnosis.—*Hydatids of the liver* is a slow disease; with very little pain; none of the symptoms of suppuration; but, it has upon percussion a hydatid fremitus; and the aspirator draws off fluid containing "hooklets."

Cancer of the liver shows a cancerous cachexia; history of cancer; the liver is nodular; and there is no hectic.

Duration.—From two weeks to as many months.

Prognosis.—Pyæmic abscesses are generally fatal. Abscesses from other causes may terminate favorably. As a rule the prognosis is bad.

Treatment.—Must observe the general hygienic rules. The diet must be nutritious. As soon as pus is detected, it must be drawn off by means of the aspirator.

Remedies.—Arsenicum; Belladonna; China; Hepar; Kali carb.; Lachesis; Mercurius; Silicea; Vipera tor.

Dr. Lippe recommends *Theridion cur.* for the vertigo and nausea associated with abscess of the liver.

ACUTE YELLOW ATROPHY.

Synonyms.—Diffuse or general parenchymatous hepatitis; malignant jaundice; icterus gravis.

Definition.—An acute, diffuse inflammation of

the liver substance, resulting in destruction of its tissues.

Etiology.—Its definite cause is not known. Pregnancy, chronic alcoholism, syphilis, malaria, grief, or excessive mental work, are predisposing causes. It may be infectious.

Pathology.—Congestion, followed by diffuse inflammation of the liver substance, which leads to a granular condition, and fatty degeneration, with destruction of the liver cells. The liver is reduced to two-thirds or one-half of its normal size. The capsule becomes shrivelled. The spleen is enlarged; the blood contains urea; and the urine contains bile-pigments, leucin and tyrosin.

Symptoms.—The early symptoms are those of gastro-intestinal catarrh, followed by the symptoms of catarrhal jaundice. Following the jaundice, there are severe nervous symptoms, as headache, delirium, or even convulsions. Hæmatemesis is common. The area of hepatic dullness is diminished.

Differential Diagnosis.—*Catarrhal jaundice* has not the severe nervous symptoms, the hæmatemesis, nor the small liver.

Bilious remittent fever commences with a chill, followed by fever and sweat; with regular remission of symptoms.

Duration.—Variable; but, after the appearance of the jaundice, about a week.

Prognosis.—Recovery very doubtful.

Treatment.—Observe general hygienic and dietetic rules. Treat symptoms as they arise.

Consult chapters on jaundice, hæmetemesis and dyspepsia.

REMEDIES.

Lachesis.—"Its action is perfectly homœopathic to this disease."—*Dr. Jousset*.

Phosphorus.—"The only promising remedy for this disease."—*Dr. Hughes*.

"The pathogenesis of Phosphorus is so similar to malignant icterus that this disease has been taken for Phosphorus poisoning."—*Dr. Jousset*.

Crotalus may be studied.

AMYLOID LIVER.

Synonyms.—Waxy liver; lardaceous liver; albuminoid liver.

Definition.—An amyloid degeneration of the liver, causing great swelling of the organ.

Etiology.—Always a secondary disease. Prolonged tuberculous ulceration, chronic bone disease, and syphilis, are the usual causes.

Pathology.—The liver is uniformly enlarged; is firm and resistant to touch. The degenerative process begins in the walls of the capillaries, and then spreads to the connective tissue. Upon applying a dilute solution of Iodine to the cut surface, the tissue changes to a beautiful mahogany-red color, which shows the presence of amyloid material.

Symptoms.—There are no characteristic symptoms. It is recognized by the slow and gradual enlargement of the liver in all directions. The liver is painless, and there is no jaundice.

Duration.—Months or years.

Prognosis.—A progressive disease; although when due to syphilis it may be cured.

Treatment.—Must be directed to the cause. If due to syphilis, Nitric acid and Aurum will help. If due to suppuration, or bone disease, Calcareo carb. and Silicea will help.

HEPATIC CANCER.

Synonym.—Carcinoma hepatitis.

Etiology.—Primary or secondary. Primary cancers are due to hereditary predisposition. Secondary cancers are due to the extension from other organs. Traumatism, middle life, and male sex, are predisposing causes.

Varieties.—Medullary, or encephaloid; scirrhous; melanotic; colloid.

Pathology.—The cancer development is generally nodular; but, may be diffused. The liver is greatly enlarged, dark in color, and its surface is nodulated; the nodules being umbilicated.

Symptoms.—The early symptoms are vague and obscure. The diagnostic symptoms are: an enlarged liver, which is nodulated, the nodules being umbilicated; the great pain and tenderness of the liver; the jaundice; and the cancerous cachexia.

Differential Diagnosis.—*Hydatids of the liver* cause no pain, nor tenderness, nor gastric disturbances. The liver in hydatids is soft and smooth.

Abscess of the liver has symptoms of suppuration; and the liver is not nodulated.

Duration.—One year.

Prognosis.—The disease is incurable.

Treatment.—Must be general.

Remedy.—Hydrastis is mentioned by several authors, as a remedy to be tried.

HYDATIDS OF THE LIVER.

Synonyms.—Echinococcus of the liver.

Definition.—Are cysts due to the development in the liver of the embryos of the *tænia echenococcus* (*Loomis*).

Etiology.—Due to the entrance into the stomach or intestines, and then into the liver, by way of the portal vein, of the *tænia echenococcus*. The *tænia echenococcus* is a small tape worm found in the intestines of the dog.

Symptoms.—Very vague. The liver is swollen, soft and smooth; with little or no pain. Physical examination elicits the "hydatid fremitus," or thrill. The positive diagnosis is the withdrawing from the cyst, by means of the aspirator, of a fluid containing hooklets.

Duration.—From three to five years.

Prognosis.—Must be guarded.

Treatment.—Treat symptoms as they arise. Should the tumor become very large, then surgical interference is indicated.

BILIARY CALCULI.

Synonyms.—Hepatic calculi; cholelithiasis; gall stones.

Definition.—Concretions formed in the gall bladder, or in the biliary ducts, and composed of bile elements.

Etiology.—Sedentary habits; diet of nitro-

genous or fatty foods; the female sex; middle life; and any disease which obstructs the flow of the bile; are predisposing causes.

Pathology.—The number of gall stones in any one case varies; the average being about fifty; in size, they also vary from the size of a grain of sand to the size of an egg. A gall stone has a central nucleus made up of bile pigment, and on section shows successive layers. Seventy-five per cent. of a gall stone is cholesterin.

Symptoms.—The passage of a calculus through the duct gives rise to *hepatic colic*. The attack may appear at any time. It consists of severe pain in the region of the gall bladder, shooting to the back and to the right shoulder. There is nausea and vomiting. The expression is anxious; the features are pinched; and often a cold sweat breaks out. The pain is suddenly relieved by the passage of the calculus into the intestine. Jaundice usually follows the attack. The stools are light in color. If the calculus should become impacted, it will set up inflammation, ulceration, and, possibly, perforation of the duct.

Differential Diagnosis.—*Gastralgia* usually comes after eating; the pain is referred to the epigastric region; and the stools are normal.

Intestinal colic has no vomiting, nor jaundice; the pains are most severe in the umbilical region, and are colicky in character; feces are normal.

Renal colic has pain along the course of the ureters to the testicles. There is continual desire

to urinate; the urine containing blood and gravel. There is no jaundice.

Prognosis.—Good. With proper treatment the tendency to recurrence can be eradicated.

Treatment.—For the *colic*: apply hot applications to the part; administer warm olive oil; and, if necessary, give morphine, or an anæsthetic.

During the *interval* insist upon daily outdoor exercise. Restrict all nitrogenous and fatty foods; give a prolonged course of alkaline mineral water; and give China 3x, or higher.

REMEDIES.

Belladonna.—"During the colic is the most important remedy."—*Dr. Raue*.

Berberis.—To be tried when other remedies fail to relieve.

Calcarea Carb.—Will relieve the pain during the colic.

"It has never failed me."—*Dr. Hughes*.

China.—With the proper diet, this remedy is almost certain to eradicate the tendency to gall stones.

"I give usually China, 6x, six pills twice a day, till ten doses are taken then six pills every other day, till ten doses are taken; then every third day, till ten doses are taken; and so on, till at length the dose is taken once a month. I have not failed to cure, in a single instance, permanently and radically, every patient, with gall stone colic, who has taken the remedy as directed."—*Dr. D. Thayer*.

Ether.—For the colic, put twelve drops of ether in one-half a glass of water and give teaspoonful, every ten to fifteen minutes (*Allen*).

DISEASES OF THE KIDNEYS.

URÆMIA.

Synonyms.—Uræmic convulsions; uræmic poisoning; uræmic coma.

Definition.—The name applied to a group of symptoms resulting from the retention of toxic materials in the blood which should have been eliminated by the kidneys (*Stevens.*).

Etiology.—Any condition which suppresses the renal secretion.

Symptoms.—Uræmia is developed slowly, or suddenly. A decrease in the urinary secretion, although just before a paroxysm the flow may be normal, and slight œdema in various parts of the body, generally precede an attack. There is nausea and vomiting; severe headache; vertigo; drowsiness; and possibly slight delirium; this is called the *gastro-intestinal form*. But, if there should be spasms, resembling epileptiform convulsions, it is called the *convulsive form*, or *uræmic convulsions*. The delirium may give way to a gradually advancing stupor, with, finally, a state of complete insensibility, which is known as the *cerebral form*, or *uræmic coma*.

There is a peculiar urinous odor about the patient. The urine is either diminished, or entirely suppressed; and contains albumen and casts. The face is pale or waxy in appearance;

the pulse is rapid; the temperature is at first raised, but soon becomes sub-normal.

Differential Diagnosis.—*Epilepsy*.—Has a history of epilepsy; an initial cry; there is no œdema; and the urine is normal.

Apoplexy.—Here the coma precedes the convulsions; the urine is normal; there is no œdema—the attack is followed by paralysis; and there is not the peculiar urinous odor about the patient.

Prognosis.—A very serious disease. Must always be guarded.

Treatment.—If it occurs in childbed the labor must be terminated at once. The bladder must be emptied by use of the catheter. Restore the action of the kidneys, if possible; place patient in hot pack; produce free diaphoresis; and free purgation. The former, by the use of one-eighth of a grain of *Pilocarpine*, until free sweating occurs; the latter by the use of *Croton oil*. During the convulsion give Morphine hypodermically; or, possibly, will have to administer an anæsthetic. Kreosote often helps the nausea and vomiting. The diet, after an attack, must be, for some time, liquid; preferably a milk diet.

Remedies.—Ammonium carb.; Arsenicum; Cantharis; Carbolic acid; Cuprum acet.; Hydro. acid; Kreosotum; Plumbum.

RENAL HYPERÆMIA.

Synonyms.—Congestion of the kidney; catarrhal nephritis.

Definition.—An increase in the amount of blood in the kidneys.

Varieties.—Active, or acute; passive, or chronic.

Etiology.—*Active hyperæmia* is caused from exposure of the body to atmospheric changes. Traumatism. The use of certain drugs, as, Cantharides, Turpentine, Cubebs, Copaiba, etc.

Passive hyperæmia.—Organic diseases of the heart, which interferes with the return venous circulation. Chronic lung disease, as emphysema, fibroid phthisis, etc. Pregnancy and abdominal tumors.

Pathology.—*Active hyperæmia* is chiefly confined to the renal arteries. The kidney is enlarged, increased in weight and darker than normal. The congestion may involve the whole, or only a portion, of the kidney; but, it is usually found at the base of the pyramids.

In *passive hyperæmia* the veins are overcharged with blood. The kidney is, as a rule, not swollen; but, it is firmer to touch than normal; and its surface is smooth; but, if the congestion is long continued its surface will become uneven.

Symptoms.—*Active hyperæmia* has pain over the region of the kidney; constant desire to urinate; the urine being scanty, high colored, high specific gravity, and containing albumen and casts.

Passive hyperæmia is diagnosed by the presence of albuminous, bloody urine, with dropsical symptoms.

Prognosis.—Good in the active form; in the passive form the prognosis depends upon the cause.

Treatment.—*Active hyperæmia.*—Confine the patient to bed; hot applications to the region of the kidney; give plenty of bland fluids to drink. No solid food while the congestion is going on. For the remedies consult those given for acute nephritis.

Passive hyperæmia.—The treatment must be directed against the primary disease.

ACUTE NEPHRITIS.

Synonyms.—Acute Bright's disease; acute desquamative nephritis; acute tubal nephritis; acute catarrhal nephritis; acute parenchymatous nephritis.

Definition.—An acute inflammation of the kidney, involving especially the uriniferous tubules.

Etiology.—Exposure to atmospheric changes. Certain acute diseases, as scarlet fever, diphtheria, smallpox, etc. The abuse of certain drugs, as Cantharides, Copaiba, Turpentine, etc.

Pathology.—The kidneys are swollen, soft, and of a red color. Their surfaces are smooth, and have a mottled appearance. The capsule is easily detached. Upon *section* there is seen red points, corresponding to the situations of the malpighian tufts, scattered over the kidney. The tubules are filled with leucocytes and fibrin.

Symptoms.—More or less fever, with dull pain in the back, nausea and persistent vomiting, usually ushers in an attack. The skin becomes harsh and dry. Pain in the kidneys, extending down the ureters. The urine is scant and high

colored, with frequent desire to pass it. Dropsy, appearing first in the face, but soon extending over the body. Dyspnœa, and if the disease is not checked, there will be delirium, coma and convulsions due to the non-elimination of urea.

Microscopical Examination.—The urine affords the only positive signs of acute nephritis. The urine is scant, high colored, and of a high specific gravity; the urea is diminished. There is albumen; epithelial, bloody, and, possibly, hyaline casts; also, free epithelial cells and blood discs.

Differential Diagnosis.—Diagnosis must be based upon urinary examination.

Duration.—From one week to three months.

Prognosis.—Recovery is the rule.

Treatment.—Rest in bed. Liquid diet; milk being the best diet. Encourage the drinking of plenty of water. No stimulants. Hot applications may be applied over the kidneys. Keep the skin active.

REMEDIES.

Aconite.—*Fever, with anxiety and restlessness. The skin is dry. Nausea and vomiting. The renal region is sensitive to touch, with shooting pains. Urination is painful; scanty discharge.

“At the commencement is often a useful remedy.”—*Dr. Marcy.*

Apis.—Constant dull pain in the region of the kidneys, particularly on pressure. Urine scant, painful and bloody. *The abdominal walls are very sore to touch, with stinging pains. *Œdematous swelling of the face and limbs.

Arsenicum.—*The skin is very dry, and emaciation is

marked. *There is extreme restlessness and anxiety. The face is pale and waxy. Œdema of the face. Frequent desire to urinate. The urine is scanty, high colored and albuminous; with blood discs and casts of the uriniferous tubules.

Belladonna.—*Great arterial excitement. *Headache and vomiting. Shooting pains in the kidneys, extending to the bladder. *Pains appear and disappear suddenly. *Urine scanty; blood red in color.

"This is the remedy in the beginning."—*Dr. Jousset.*

Cantharis.—Vomiting, with violent retching and severe colic. *Burning in the abdomen. *Cutting and burning in the urethra. *Urine high colored, scanty, albuminous, and bloody; with casts and epithelial cells; constant desire to urinate, but only a few drops pass at a time.

"This remedy causes an acute inflammation of the kidney.—*Dr. Jousset.*

Terebinthina.—Pressure on the kidneys. *Urine scanty, bloody, with coffee-ground sediment. *The urine is albuminous; bloody, the blood is thoroughly mixed with the urine.

CHRONIC BRIGHT'S DISEASE.

There are two varieties: (1) *Parenchymatous nephritis*, which affects more particularly the tubules of the kidneys, characterized by persistent dropsy; (2) *interstitial nephritis* affecting the connective tissue of the kidney, characterized by changes in the blood vessels, hypertrophy of the heart, and very seldom has dropsy. The amyloid kidney is, by some, called a form of Bright's disease, but it is in reality a degeneration, depending upon suppuration, or other disease.

CHRONIC PARENCHYMATOUS NEPHRITIS.

Synonyms.—Chronic catarrhal nephritis; chronic tubal nephritis; large white kidney; chronic Bright's disease.

Definition.—A chronic inflammation of the kidneys; characterized by albuminuria and dropsy.

Etiology.—Its exact cause is not known; it may follow an attack of acute nephritis. Male sex, early adult life, alcoholism, syphilis, phthisis, lead poisoning, and mercurialism are predisposing causes.

Pathology.—The kidney in the *first stage* becomes greatly swollen, anæmic, and from a yellow white to a pure white color, this is known as the *large white kidney*. The capsule is thinned and non-adherent. There is a slight increased growth of connective tissue. The tubes are dilated with cells and casts.

In the *second stage*, owing to contraction of the connective tissue, the kidney becomes smaller, and has a granular appearance. The capsule is now thickened and adherent. This is called the *small white kidney*.

Symptoms.—The onset is slow. The patient has more or less dyspeptic symptoms, and intestinal disorders. There is continual and progressive loss of strength and flesh; the skin is dry and harsh, and of a peculiar sallow appearance. There is a persistent dropsy, appearing, as a rule, first under the eyes, but soon becomes

general over the body. Cardiac hypertrophy and retinitis are common. The disease has marked remissions, sometimes for years; but, some oedema, and traces of albumen in the urine, can always be found.

The *urine* is, as a rule, diminished in quantity; but, sometimes it is normal in both quantity and color. It is albuminous; and contains hyaline, granular, epithelial and fatty casts.

Differential Diagnosis.—With a careful examination of the urine, and the history of the patient, no mistakes should be made.

Complications.—The retinitis and heart disease referred to above. Pneumonia; peritonitis; and meningitis.

Duration.—Indefinite.

Prognosis.—Doubtful. Although recoveries are said to have taken place.

Treatment.—Rest, both mentally and bodily, must be insisted upon. The body must be kept warm; it is wise to wear woollen underwear. Frequent bathing is beneficial. The diet should be non-nitrogenous; and, if possible, a milk diet; buttermilk has proven useful in some cases; stimulants must be restricted.

Remedies.—*Apis*; *Argentum nitr.*; *Arsenicum*; *Cantharis*; *Digitalis*; *Helonias*; *Mercurius cor.*; *Phosphorus*; *Terebinthina*.

INTERSTITIAL NEPHRITIS.

Synonyms.—Cirrhotic Bright's disease; sclerosis of the kidney; gouty kidney; contracted

kidney; granular kidney; red, granular kidney; small, red kidney.

Definition.—A chronic inflammation of the kidneys, with an increased growth of connective tissue, which contracts, reducing the size of the kidney, and causing atrophy of its structures.

Etiology.—A disease of middle life. Gout, rheumatism, alcoholism and syphilis are its chief causes.

Pathology.—The kidneys are reduced in size, red in color and granular in appearance. The capsules are thickened, and adhere to the kidneys by bands of connective tissue, so that it is impossible to dissect away the capsule without tearing the kidney. Upon section, the kidneys are firm and resistant. There is an overgrowth of connective tissue, which contracts, and diminishes the thickness of the cortical substance, in which cysts are found. There is also an overgrowth of connective tissue in the arteries throughout the body, causing hypertrophy of the heart.

Symptoms.—Its approach is very insidious and slow; often eluding recognition. Progressive loss of strength, anæmia, and various stomach and intestinal troubles are complained of. There is cardiac hypertrophy, with a pulse that has a very high tension; palpitation; vertigo; and insomnia. Dropsy is not marked, and is often absent. There may be total or partial blindness, from albuminuric retinitis. White, glistening spots or patches, with definite outlines, around the *macula lutea* are diagnostic of a contracted kidney.

The *urine* is pale, yellow in color, increased in quantity, and, of a low specific gravity. The quantity of albumen in the urine varies; indeed, it frequently disappears for the time being. The *microscope* reveals hyaline and a few granular casts in the urine.

Differential Diagnosis.—Distinguished from the other forms of kidney affections by the increased quantity of urine, which is of a pale color, and of a low specific gravity; the variable amount of albumen, and the presence of hyaline casts; with cardiac hypertrophy, and a high tension pulse.

Complications.—Heart disease; albuminuric retinitis; apoplexy; uræmia; pneumonia; bronchitis.

Duration.—An incurable disease; but, with careful attention, life may be prolonged for years.

Prognosis.—As far as a cure goes, bad; but life may be enjoyed for an indefinite time.

Treatment.—The treatment is the same as for chronic parenchymatous nephritis.

Remedies.—Plumbum met. is *the* remedy for this form of Bright's disease.

"Iodium, and especially Iodide of Sodium, have, in my hands and those of many other physicians, produced a veritable and durable amelioration, not only of the symptoms of artero-sclerosis, but also of those of interstitial nephritis."—

Dr. Jousset.

AMYLOID KIDNEY.

Synonyms.--Waxy kidney; lardaceous kidney.

Definition.—A chronic amyloid degeneration of the kidneys, whereby their tissues become infiltrated with amyloid material.

Etiology.—The main causes are: Prolonged suppuration, particularly of the bones; phthisis; syphilis; and cancer.

Pathology.—Amyloid changes in the kidneys are always associated with like changes in other organs. The changes begin in the arteries, but go to the tubes and the cells of the kidneys. The kidneys are swollen, pale in color, and soft to touch. A solution of Iodine coming in contact with amyloid material will cause it to turn a mahogany color.

Symptoms.—The first symptoms are very vague; but, somewhat resemble those found in parenchymatous nephritis. Dropsy is not a prominent symptom. The liver and spleen are greatly enlarged.

The *urine* is increased in quantity, light in color, and has a low specific gravity. Albumen is found in large quantities; there are hyaline, fatty, and fine granular casts.

Differential Diagnosis.—The character of the urine with the previous history of chronic suppuration, tuberculosis, or syphilis, and the enlargement of the liver and spleen, will render diagnosis easy.

Prognosis.—Incurable; but life may be prolonged for a considerable time.

Treatment.—Must be based upon the cause.

PYELITIS.

Synonyms.—Pyonephrosis; pyelonephritis.

Definition.—An acute or chronic catarrhal inflammation of the mucous membrane of the pelvis of the kidney.

Etiology —Rarely an idiopathic disease. The presence of a stone in the kidney, causing mechanical irritation, is a very frequent cause. From some infectious disease, as typhoid fever, diphtheria, scarlet fever, etc. The extension of an inflammation from the bladder through the ureters. Tumors pressing upon the ureters may prevent the passage of the urine, which decomposes, sets up pyelitis.

Pathology.—Hyperæmia followed by inflammation of the mucous membrane of the pelvis of the kidney, which becomes red, swollen, and covered with a secretion of mucous and pus; there may be extravasations of blood. If the inflammation becomes chronic, it will cause a suppurative inflammation which is known as *pyelonephritis*; or, the discharge may accumulate in the pelvis of the kidney causing dilatation, this is called *pyonephrosis*.

Symptoms.—Rigors; fever; severe pain in the back; possibly soreness on pressure over the affected kidney; and, a constant desire to pass urine, with pain; are the symptoms that accompanies the commencement of pyelitis.

The urine is acid; mixed with blood, mucous and epithelial cells; and contains traces of albumen.

Differential Diagnosis.—*Cystitis* has pain more particularly over the bladder; the urine is alkaline; and contains but little pus.

In *perinephritic abscess*, the urine is normal.

Prognosis.—Must be guarded.

Treatment.—Absolute rest in bed. Hot applications to the affected part. Drink quantities of water, particularly the alkaline mineral waters. The diet must be liquid; milk diet being the best. The cause must be removed, if possible.

REMEDIES.

Consult those given for Nephritis.

Cantharis.—"Indicated both by pathogenesis and clinical experience."—*Dr. Jousset*.

Mercurius Cor.—"Has a decided curative influence when given in small doses."—*Dr. Hale*.

Uva Ursi.—"The most effective remedy."—*Dr. Hughes*.

HYDRONEPHROSIS.

Definition.—A non-inflammatory affection of the pelvis of the kidney, causing its dilatation.

Etiology.—Any disease, or condition, which obstructs the free passage of the urine from the kidney.

Symptoms.—In slight cases, or, where only one kidney is affected, there are seldom symptoms to denote its presence. In advanced cases, a tumor will be found in the region of the affected kidney. This tumor is soft to the touch, yields a dull percussion note, and, if the aspirator is used, we will obtain a clear fluid.

Treatment.—Must be symptomatic. If the tumor becomes very large, must aspirate.

RENAL CALCULUS.

Synonyms.—Nephrolithiasis; renal gravel.

Definition.—A concretion found in the kidney, formed by the precipitation of certain ingredients of the urine.

Etiology.—Very obscure. Hereditary plays an important part. Oftener found in males than in females.

Varieties.—(1) *Uric acid* is the variety found most frequently; it is hard, smooth, and red in color; found particularly in those of a gouty diathesis.

(2) *Oxalate of lime*, or mulberry calculus, is hard, rough in outline and dark in color.

(3) *Urates*, found in children.

(4) *Phosphatic calculi* are soft, and have a chalky appearance.

(5) *Xanthine*.

(6) *Cystine*.

(7) *Mixed*.

Symptoms.—The presence of a calculus in the kidney often gives rise to no symptoms, except, perhaps, a dull pain in the lumbar region of the side affected; which pain may extend down the ureter to the testicle in the male, or, to the labia in the female.

When the calculus passes down the ureter, it causes violent spasmodic pains; the paroxysm is called *renal colic*.

Renal colic comes suddenly, with severe pain in the back, which follows the course of the ureters; extending into the penis, testicle, or, in the female,

into the labia. There is tenesmus of the bladder; constant urging to urinate; and, possibly, retraction of the testicle on the affected side. With these symptoms the face becomes pale, the features pinched, the pulse weak, and a cold sweat breaks out. There is sometimes fainting. After an indefinite time, the pain suddenly ceases, because the stone has passed into the bladder.

Duration.—The colic lasts from a few minutes to several hours.

Prognosis.—The prognosis is good, if no complications arises. If the stone should become impacted a very grave condition will supervene.

Treatment.—During *the interval* we must treat the symptoms as they arise; and, put the patient under proper hygienic surroundings and dietetic rules.

The attack. — Apply hot applications to the loins; hot hip bath; let him drink plenty of water; and, if remedies fail to relieve the pains, give Morphine by subcutaneous injection. Passing a sound into the bladder is claimed to succeed in relieving the pain when the most heroic measures have failed.

Remedies.—Arnica; Arsenicum; Belladonna; Berberis; Cantharis; Dioscorea; *Lycopodium*; Nux vom.; Opium; *Pareira brava*; Piper; Tabacum.

Berberis tinct., will relieve the colic in a majority of cases.

HÆMATURIA.

Synonym.—Blood in the urine.

Definition.—The passage of urine containing blood.

Etiology.—Inflammation of the kidneys, ureters, bladder or urethra. Vicarious menstruation. Traumatism. Any general blood disease.

Prognosis.—Depends upon the cause.

Treatment.—Rest in bed. Liquid diet; drink plenty of water. When a large blood clot has formed in the bladder it may be dissolved by pepsin, or by peroxide of hydrogen; or, better still, as Dr. Keyes says: "Let it alone; no harm can come of it. It will dissolve and come away."

REMEDIES.

Arsenicum.—Urine scanty, passed with difficulty, burning during the discharge. Urine dark brown; turbid; mixed with pus and blood.

"An efficient remedy, both in the acute and chronic forms. The general symptoms should indicate and sanction its employment."—*Dr. Bachr.*

Camphor.—* From the abuse of Cantharides.

Cantharis.—* Excessive burning distress in the urethra, with constant desire to urinate. * The urine is high colored, bloody, and albuminous. * Painful evacuation, by drops, of bloody urine, and, at times, of pure blood.

"It may be had recourse to in almost all cases where we are uncertain as to the exciting cause of the disorder."—*Dr. Laurie.*

Hamamelis.—* From passive congestion of the kidneys; dull pain in renal region. * Great amount of prostration.

"Of real value in many cases."—*Dr. Hale.*

"An excellent drug for hæmaturia."—*Dr. Farrington.*

Ipecacuanha.—* When there is continued nausea; oppressed breathing; and, cutting in the abdomen.

Lycopodium.—* When associated with gravel or chronic catarrh of the bladder. *Cutting pains in the bladder.

"Only adapted to the chronic form when existing in decrepit individuals, in connection with chronic catarrhal affections of the urinary organs."—*Dr. Baehr*.

Mezereum.* Preceded by crampy pain in the bladder.

"Can be used when the pains are trifling and the blood rarely or never coagulated."—*Dr. Berjeau*.

Millefolium.—* Urine bloody; blood forms a cake in the vessel. Pain in region of left kidney, then bloody urine.

"Has shown great excellence as a specific remedy in hæmaturia, with painfulness of the kidneys."—*Dr. Baehr*.

Nitric Acid.—* For active hæmaturia. *Urging after, with shuddering along the spine during, urination.

Terebinthina.—* The blood is intimately mixed with the urine, which has a dirty brown, red, or even a blackish color (*Baehr*). *Urine bloody, with coffee-ground sediment.

CYSTITIS.

Synonyms.—Catarrh of the bladder; inflammation of the bladder.

Definition.—An inflammation of the mucous membrane of the urinary bladder; it may be acute or chronic in its course; or may be catarrhal, croupous or diphtheritic in character.

Etiology.—Nearly always a secondary disease, idiopathic cystitis being a rare disease.

The *acute form* may result from irritation of a foreign body in the bladder; the retention of urine, which decomposes, sets up severe attacks; the extension of an urethritis to the bladder; or, the extension of a pyelitis to the bladder; often secondary to certain diseases, as scarlet fever, diphtheria, gout, rheumatism, etc.; as a compli-

cation to certain nervous diseases, particularly myelitis; and, possibly, traumatism.

The *chronic form* is generally a sequelæ to an acute attack. But gout, Bright's disease, etc., may cause it.

Pathology.—There is hyperæmia of the parts, with redness and swelling; the membrane is covered with desquamated epithelium and leucocytes; and, sometimes there is rupture of the capillaries. The inflammation here, whether catarrhal, croupous, or diphtheritic, is the same as found in any mucous membrane.

In *chronic cystitis* the membrane is livid, with a thick coat of mucus, or muco-pus. The muscular coat of the bladder becomes hypertrophied,

Symptoms.—*Acute cystitis* is announced by rigors; rise of temperature; severe pain in the bladder; frequent and painful urination; the urine being voided drop by drop, followed by severe straining. The urine is mixed with mucus, pus, and possibly blood; is alkaline in reaction; and, sometimes fetid.

Chronic cystitis has very little acute pain; but, has a constant dull pain in the bladder; with continued desire to urinate; the urine contains viscid mucus, or muco-pus.

Duration.—Acute cystitis lasts five or six days; while chronic cystitis may last for years.

Prognosis.—Acute cystitis is generally curable; the prognosis of chronic cystitis must always be based upon the cause; after hypertrophy of the bladder has taken place, it is incurable.

Treatment.—*Acute form*: Absolute rest in

bed. Hot applications over the region of the bladder. Keep the bowels open. No stimulants, or highly seasoned food; milk diet is the best. Drink large quantities of soft water.

Chronic form: The bladder must be emptied at least four times a day. Wash out the bladder with tepid water; or, with a solution of Hydrastis. Drink alkaline mineral waters.

REMEDIES.

Aconite.—* When cystitis sets in with fever; restlessness; and anxiety. Sensitiveness of the renal region. Frequent desire to urinate; the urine being suppressed or retained; micturition painful, the urine passed drop by drop. Pressure in the bladder; stitches in the region of the kidneys.

"Often removes the whole trouble in a very short time."—*Dr. Jahr.*

"In rheumatic cystitis, is the true specific remedy."—*Dr. Hempel.*

Arsenicum.—* When the disease runs a rapid course, with threatening symptoms; more particularly in chronic cystitis. * When the extraordinary ischuria gives rise to violent distension of the bladder, and threatens paralysis.

Belladonna.—* Fever, with flushed face, and throbbing carotids. * The region of the bladder is very sensitive to the least pressure or jar. * Frequent desire to urinate; the urine is hot and red; constant dribbling of the urine. * Sensation of a worm in the bladder.

Camphor.—* If from the use of Cantharides; Turpentine; or, Copaiba.

Cannabis.—* If from gonorrhœa. Symptoms are similar to those of Cantharis except not so intense. To be given if Cantharis has afforded no relief within twenty-four hours (*Kruessler*).

Cantharis —* Bladder very sensitive; with severe burning pains. * Soreness of the bladder on motion. * Violent pains in the bladder, with frequent urging to urinate;

intolerable tenesmus. Constant desire to urinate, with pains so severe that they make the patient scream aloud.

* The urine is scanty, voided by drops, high colored, and often bloody.

"Its greatest remedy."—*Dr. Hughes.*

"The most important remedy against the acute form."—*Dr. Baehr.*

"Indicated in acute cystitis more frequently than all other remedies put together."—*Dr. Farrington.*

Chimaphila.—* Dysuria. * Frequent urination at night. * Urine high colored, containing a copious, ropy, mucous sediment; sometimes fetid.

"The best remedy in the chronic form."—*Dr. Ruddock.*

"No medicine has been so serviceable for me in cases remarkable for the great amount of muco-purulent discharge, and the absence of pain, as *Chimaphila*."—*Dr. Hale.*

Conium.—* Causes chronic cystitis, *with intermittent urination*. The urine flows and stops (*Farrington*).

Dulcamara.—* Chronic form; especially when caused from a cold, or from dampness. Constant desire to urinate felt deep in the abdomen. Painful pressing about the bladder and urethra. * Urine very offensive, and discharged by drops; containing mucus sediment.

"Has a specific influence on the lining membrane of the bladder, causing catarrh of that organ."—*Dr. Farrington.*

Hyoscyamus.—* When the attack is sporadic, rather than inflammatory.

Mercurius.—* Region of the bladder sore to the touch; urine passes in a thin stream, or in drops; and contains blood and *pus*.

Nux Vom.—For the pains or difficulties which remain after the removal of the inflammation (*Jahr*).

Pareira Brava.—Violent pains in the bladder and penis. Constant urging to urinate; can only urinate by getting upon the knees.

Pulsatilla.—* Pressure on the bladder, as if the bladder were too full, causing continued desire to urinate.

* Region of the bladder is externally hot and red; the patient complains of pressure; and a cutting and urging in this region (*Jahr*). * Cannot retain the urine. Sediment reddish, bloody or mucous; jelly-like, sticking to the vessel.

"A first-class remedy in cystitis."—*Dr. Farrington.*

Sulphur.—Obstinate cases; tendency to relapse. Urine fetid; with greasy looking pellicle on it. Deposits a thick, tough mucous, which sticks to the bottom of the vessel.

Uva Ursi.—"Indicated when there is a great inertia of the bladder, and it fails to expel all the mucus.—*Dr. Hale.*

DISEASES OF THE BLOOD.

ANÆMIA.

Definition.—A condition of the blood in which the amount, as a whole, is diminished; or, when the number of the red corpuscles, or, one or more of the blood constituents, especially albumen and hæmoglobin, are diminished; this condition may be general or local.

Varieties.—(1) Symptomatic or secondary anæmia; (2) primary, essential or cytogenic anæmia.

SYMPTOMATIC ANÆMIA.

Etiology.—May be congenital; or, from inanition, due to the improper assimilation of the food; or, from some cause which interferes with proper reception of the food; loss of vital fluids; certain organic diseases which drain the albuminous elements of the blood, as Bright's disease, phthisis, etc.; toxic anæmia, due to certain poisons acting on the blood, as lead, arsenic and mercury; or, the poison of syphilis, malaria, or prolonged use of quinine, etc.

Pathology.—The blood is brighter in color, and more fluid than normal. There is a deficiency in the blood of red corpuscles and hæmoglobin. The tissues throughout the body are

bloodless; and, in some cases, show signs of fatty degeneration.

Symptoms.—General loss of strength and flesh; the complexion is pale and waxy; the mucous membranes have a pale bloodless appearance. The appetite fails; the respiration is hurried; the pulse is full and soft; there is palpitation of the heart, with anæmic murmurs; and sometimes dropsy, which usually commences in the feet. There is also headache, vertigo, and possibly fainting.

Prognosis.—Must be based upon the cause.

Treatment.—The cause must be found, and removed, if possible. Good hygienic surroundings, and nutritious diet, must be prescribed.

REMEDIES.

Arsenicum.—* Great weakness and emaciation; clay colored face; blue margins around the eyes. * Weakness of all the limbs. * Complete indisposition, desire to rest all the time. * Wants to be in a warm room.

China.—Acute cases. * From loss of vital fluids. * Ringing in the ears; tendency to faint.

Ferrum.—Very weak and much debilitated. * The face and lips are pale. * The face flushes upon the least exertion or emotion. Palpitation of the heart; bellow sound of the heart; anæmic murmurs of the blood vessels. * Improved by walking slowly.

“The treatment an anæmia by iron is one of the few satisfactory and certain things in modern medicine.”—*Dr. Hughes.*

“Anæmia under the mask of plethora and congestion, accompanied by a whitish color of the mucous membranes.”—*Dr. Goullon.*

Natrum Mur.—* Very sad, weeping; consolation aggravates; with palpitation and intermittent pulse. Sallow

complexion. Nettle rash, after every exertion. Emaciation; and weariness, easily fatigued; complete physical and mental prostration.

Picric Acid.—"With marked indisposition to bodily or mental exertion, and great increase of urates and phosphates in the urine."—*Dr. J. H. Clarke.*

Phosphoric Acid.—*Nervous debility. *Complete indifference to everything.

"The great sphere of Phos. acid is in debility of the nerves of animal life, from seminal loss, profuse perspiration, leucorrhœa, or excessive grief."—*Dr. Burt.*

PRIMARY ANÆMIA.

Definition.—An idiopathic anæmia.

Varieties.—(1) Chlorosis; (2) pernicious anæmia.

CHLOROSIS.

Synonym.—Green sickness.

Definition.—A form of primary anæmia, generally occurring in females at the age of puberty, characterized by the relative decrease of hæmoglobin.

Etiology.—Obscure; is claimed by some to be a neurosis.

Pathology.—Same as anæmia.

Symptoms.—The disease comes on very gradual, with the usual symptoms of anæmia. There is, however, very little emaciation. The skin becomes yellowish or greenish; the face is swollen; and the mucous membranes are pale. Palpitation; dyspnœa; and a dry cough are common symptoms. There is nearly always some uterine troubles, or menstrual irregularities. The patient is nervous, melancholy, and irritable. The blood

is paler than normal; and there is diminution of hæmoglobin, and red corpuscles in the blood.

Differential Diagnosis.—Anæmia has emaciation; pale skin; and has no cough or dyspnœa; while chlorosis has no emaciation; a greenish skin; and, has cough and dyspnœa.

Complications —Phthisis; heart disease; ulcer of the stomach; amenorrhœa.

• **Duration.**—Variable.

Prognosis.—Favorable; but must be guarded.

Treatment.—Regulate the habits, and diet of the patient; give plenty of outdoor exercise; occupy the mind in light and pleasant work.

REMEDIES.

Aconite.—If complicated with tuberculosis; such patients are apt to have a dark, sallow complexion sometimes with a greenish tint and deep flushes on the cheeks; they are troubled with palpitation; dyspnœa; and stitching pains in the chest (*Hempel*).

Arsenicum.—Excessive anxiety and restlessness. Extreme prostration. Periodical headache. * Dyspnœa, as if the air passages were constricted. Menses suppressed. Leucorrhœa acrid, corrosive, thick yellow, excoriating the parts.

Belladonna.—Frequent paroxysms of headache in the fore part of the head; the headache is accompanied by bright flushes on the cheeks, deep sparkling looks; heat in the head; such patients are apt to be of a lymphatic disposition and passive turn of mind (*Hempel*).

Calcareæ Carb.—"In cases of chlorosis which date back from the time of childhood, and are, to a certain extent, the continuation of the scrofulous symptoms of earlier years. This form is most common in girls twelve to sixteen years, at the commencement of the period of development, of leuco-phlegmatic habit, with tendency to obesity, disposed to chronic catarrh and diarrhœa, with

great weakness of the spine and tendency to curvature."

—*Dr. Muller.*

"Of the most striking benefit in chlorosis."—*Dr. Laurie.*

Cuprum.—"After abuse of Iron; worse in hot weather."
—*Dr. Farrington.*

Ferrum.—Patient very weak and very much debilitated. *Face and lips pale, ashy, or greenish; upon the least emotion or exertion the face becomes red and flushed. Vertigo. Ringing in the ears; palpitation of the heart and dyspnoea. *Better from walking slowly about, notwithstanding weakness obliges the patient to lie down. Great chilliness. Amenorrhœa.

"A real specific for simple, uncomplicated chlorosis."
—*Dr. Baehr.*

Graphites.—Congestion of the head; with roaring in the ears; dark red flushing of the face; oppression at the chest; and feeling of anxiety when in recumbent posture. Menses too late, pale and scanty. Constipation. Tendency to obesity.

Natrum Mur.—In old and inveterate cases; great emaciation; easily fatigued; complete mental and physical prostration. The skin is dirty-colored, dry, withered and inactive. Irregular action of the heart; pulse intermittent; and oppression of the chest. Very sad and depressed. Menses too late and scanty. Morning headaches. Obstinate constipation.

Pulsatilla.—In those with blue eyes; very affectionate; easily excited to tears; with fitful moods; of a very yielding disposition; lymphatic constitution; roundness of form, and inclined to quiet grief (*Burt.*). Constant chilliness; hands and feet cold. Strong desire for open air. Palpitation of the heart. Menses too late, scanty, and of short duration; or with milky leucorrhœa.

"The law of similarity would be false if this remedy did not in many cases effect a cure or alleviation of the disease."—*Dr. Muller.*

"If no special indications prevail, I commence the treatment with Puls."—*Dr. Jahr.*

Sepia.—Countenance pale; face dirty yellow, with dark-colored spots. *Severe headache, which is apt to come on in terrific shocks. Pains in the uterus; bearing down, comes from back to abdomen; causes oppression of breathing; crosses the limbs to prevent the protrusion of the parts. Peculiar faint sinking at the pit of the stomach, not painful to pressure. Menses too late and too scanty; suppressed; amenorrhœa. Leucorrhœa, yellow or greenish water; much itching in the genital organs; stitches in neck of womb. Constipation, stool insufficient, retarded, like sheep-dung; unsuccessful urging to stool, only wind and mucus passed; sensation of lump or weight in the rectum, not relieved by evacuation.

"May be regarded as an excellent remedy for the paroxysms of hemicrania, which constitute a source of distress to chlorotic females with brown hair and lively temperaments."—*Dr. Baehr*.

Sulphur.—*Heat on the top of the head, palms of the hands, and soles of the feet. Constipation; unsatisfactory and scant stool. Menses too late and of too short duration, too scanty or suppressed; with constipation and nightly restlessness. Leucorrhœa.

Valeriana.—When complicated with hysteria, or with excessive nervousness.

PROGRESSIVE PERNICIOUS ANÆMIA.

Synonyms.—Idiopathic anæmia; anæmia of fatty heart; progressive anæmia; pernicious anæmia.

Definition.—A progressive form of anæmia, with no discoverable cause.

Pathology.—The blood is pale and scant; with very little tendency toward coagulation. The relative number of red corpuscles in the blood are diminished; while the number of white corpuscles show no change, and the hæmoglobin is relatively increased. The red corpuscles show quite

a difference in their shape and size; some being large and possibly nucleated; others are small; and some are irregular in outline. There are fatty changes in the organs throughout the body; and sometimes spots of ecchymosis.

Symptoms.—Pernicious anæmia has an insidious onset, with the general symptoms of anæmia, except there is no emaciation. The complexion becomes lemon yellow or straw colored; there is dyspnœa; and, gastro-intestinal symptoms. The whole disease tends downward, and no treatment seems to cause a stay in its downward course.

Differential Diagnosis.—Simple anæmia, has great emaciation, and yields to treatment; but, an examination of the blood will decide.

Chlorosis is generally found in girls at puberty; the skin has a greenish tint; while pernicious anæmia cases have a lemon-yellow color.

Leucocythæmia has enlargement of the spleen and lymphatic glands.

In all cases an examination of the blood will give the deciding signs.

Duration.—From a couple of months to as many years.

Prognosis.—A downward disease; recovery rarely occurs.

Treatment.—Place patient under proper hygienic and dietetic rules; and treat the symptoms as they arise.

Arsenic, pushed to its physiological limit, is being greatly extolled by the other school of *medicine*.

Remedies.—Consult anæmia.

LEUCOCYTHÆMIA.

Synonym.—Leucæmia.

Definition.—That form of anæmia characterized by an excess of white corpuscles in the blood, and enlargement of the spleen and lymphatic glands, and certain changes in the bone-marrow.

Varieties.—(1) *Splenic leucæmia*, when the spleen is greatly enlarged from the hyperplasia. (2) *Lymphatic leucæmia*, when the lymphatic glands are enlarged from the hyperplasia. (3) *Myelogenic leucæmia*, when the medulla of the bones are involved.

Etiology.—The real cause is unknown; early adult life, male sex, and hereditary, are predisposing causes.

Pathology.—The number of white corpuscles in the blood are greatly increased; the blood is pale in color; its specific gravity and coagulability are diminished. The spleen is enlarged and firm; the lymphatic glands are swollen, but soft; and, in the myelogenic form there is certain changes in the bone-marrow.

Symptoms.—The symptoms of the onset are identical with those of anæmia, *plus* the enlargement of the spleen or lymphatic glands, or tenderness of the bones, especially the ribs and sternum. The patient has a pale, waxy appearance. But, a microscopic examination of the blood will decide the diagnosis.

Differential Diagnosis.—The diagnosis must be based upon microscopical examination of the blood.

Duration.—From one to three years.

Prognosis.—Incurable; but the disease may be stayed for a time.

Treatment.—Must be general. See treatment for anæmia.

Remedies.—Arsenic is given by the old school with apparent result.

Natrum sulph. and Thuja are recommended by Grauvogl.

PSEUDO-LEUCÆMIA.

Synonyms.—Pseudo-leucocythæmia; Hodgkin's disease; malignant lymphoma; lymphatic anæmia; lymphadenosis.

Definition.—That form of anæmia characterized by progressive enlargement of the lymphatic glands throughout the body, without an increase of the white corpuscles of the blood.

Etiology.—The direct cause is unknown; but, youth and the male sex are predisposing causes.

Pathology.—Increased growth of the lymph glands throughout the body. The spleen and liver are hypertrophied; the marrow of the long bones may be converted into a rich lymphoid tissue (*Osler*).

Symptoms.—The same as simple anæmia, with swelling of the lymphatic glands; the swelling usually commencing with the glands of the neck, arm-pit or groin. The blood shows only the changes of simple anæmia.

Duration.—About one year.

Prognosis.—It is a fatal disease.

Treatment.—If the infected glands are small,

remove them. Arsenic is said to have a decided influence on this disease.

Consult treatment of anæmia.

ADDISON'S DISEASE.

Synonyms.—*Melasma supra-renal*; "the bronzed skin disease."

Definition.—A constitutional disease characterized by degenerative changes in the supra-renal capsules, or semi-lunar ganglia, accompanied by pigmentation of the skin.

Etiology.—Unknown; there is said to be some connection between Addison's disease and tuberculosis.

Pathology.—The nature of the destructive process of the supra-renal capsules is tubercular. Changes are also found in the semi-lunar ganglia and branches of the sympathetic nerve; and the peculiar pigmentation of the skin.

Symptoms.—Similar to those of a mild attack of anæmia; except, there is seldom emaciation; with this there is the characteristic bronzing of the skin and mucous membranes.

Duration.—About two years.

Prognosis.—Unfavorable.

Treatment.—Must be symptomatic.

SCURVY.

Synonym.—Scorbutus.

Definition.—A form of malnutrition due to a deficiency of vegetables in the diet, characterized by debility, spongy gums, and hemorrhagic tendency.

Etiology.—Occurs when fresh vegetables are withheld from the diet.

Pathology.—The exact nature is unknown.

Symptoms.—Those of anæmia; the gums soon become swollen, spongy, and bleed; the teeth loosen; and there is decided fetor to the breath. Ecchymosed spots cover the body; and hemorrhages are common.

Prognosis.—Good.

Treatment.—Confine patient to the bed; room to be freely ventilated. Give the juice of several lemons daily; let diet be varied; give fresh vegetables.

Remedies.—Mercurius and Carbo veg. are the main remedies.

HÆMOPHILLA.

Synonyms.—Hemorrhagic diathesis; Bleeder's disease.

Definition.—An hereditary disease characterized by a tendency to immoderate bleeding.

Etiology.—Hereditary.

Pathology.—Unknown.

Symptoms.—The characteristic symptom is the free and excessive bleeding after slight injuries, or spontaneous bleeding from the nose, mouth, etc. There is swelling of the joints, probably due to blood extravasation within the joint.

Prognosis.—Unfavorable; although life may be prolonged.

Treatment.—For the hemorrhage use the regular surgical means.

Remedies.—*Phosphorus* is the main remedy.

Compare: *Arsenicum*; *China*; *Crocus*; *Erigeron*; *Lachesis*; *Natrum sulph.*; *Secale*.

PURPURA HEMORRHAGICA.

Synonyms.—*Morbus maculosus*; *morbus maculosus Werlhofii*.

Definition.—A general disease characterized by extravasation of blood into the skin.

Etiology.—Its origin is obscure; but, female sex and early adult life are predisposing causes.

Pathology.—The extravasations of blood are due to either changes in the walls of the blood-vessels, due to vaso-motor disturbances; or, to changes in the blood itself; or, both; the exact changes are unknown.

Symptoms.—The disease is announced by a general feeling of malaise. Soon there is developed a crop of hemorrhagic spots over the body, but, chiefly upon the extremities and trunk. These spots vary in size and color; their color do not change upon pressure; they do not itch; nor do they desquamate, or suppurate.

Prognosis.—Good.

Treatment.—Give patient plenty of fresh air; diet to be nutritious.

Remedies. — *Aconite*; *Arnica*; *Arsenicum*; *Baryta carb.*; *Bryonia*; *Crotalis*; *Ferrum phos.*; *Hamamelis*; *Lachesis*; *Ledum*; *Mercurius*; *Phosphorus*; *Rhus*; *Secale*; *Sulphuric acid*.

DISEASES OF CIRCULATORY SYSTEM.

Diseases of the Pericardium.

PERICARDITIS.

Definition.—An inflammation of the pericardium; which may be primary or secondary; circumscribed or diffused.

Etiology.—Rarely idiopathic. From exposure to atmospheric changes; injuries to the chest wall; extension of an inflammation from neighboring organs; secondary to certain diseases due to blood changes, as rheumatism, scarlet fever, smallpox, typhoid fever, or Bright's disease.

Pathology.—Hyperæmia and inflammation of the membrane, which becomes red, swollen, loses its glistening appearance and is roughened from an exudate of fibrin; should the disease be here checked it is called *dry pericarditis*. But, should the inflammatory process continue there is formed an abundant exudate of a sero-fibrinous, fibrinous, or purulent nature; this is called *pericarditis with effusion*. The exudate, in favorable cases, becomes absorbed; or, the fibrinous exudate may organize and form adhesive bands; binding the pericardial surfaces together; and, *the surfaces are thickened by layers of lymph; this is called adhesive pericarditis*.

Symptoms.—Idiopathic pericarditis begins with a chill, fever, nausea and perhaps vomiting; and præcordial pain. When it develops as a secondary disease there are no marked symptoms to denote its onset. Moderate fever, pain and tenderness in the præcordial region, dry cough, dyspnœa and palpitation, will, when appearing during the course of another disease, call attention to the heart. If the exudate is purulent there are symptoms of hectic fever with the above symptoms.

Physical Signs.—*Inspection.*—*First stage*, or dry pericarditis, negative.

Second stage, or pericarditis with effusion. Bulging of the præcordia; diminished respiratory murmur over the præcordial space; heart's impulse feeble and displaced.

Adhesive Pericarditis.—Increased area of cardiac impulse; systolic retraction of the apex region; and Friedreich's sign—diastolic collapse of the jugular vein.

Palpation.—*First stage*: Sometimes a friction fremitus.

Second stage: Confirms the result of inspection. The apex beat is feeble, or lost; it is raised, and pushed to the left.

Percussion.—*First stage*: Normal.

Second stage: Increased area of dullness; the amount of increase depending upon the quantity of fluid.

Auscultation.—*First stage*: Pericardial friction sounds, which are characteristic of dry pericarditis.

Second stage: The heart's sounds are feeble, muffled, and distant. The friction sounds heard in the first stage may disappear.

Differential Diagnosis.—*Acute endocarditis* has no friction sounds, but has a blowing murmur which is widely diffused, and the heart's impulse is strong.

Cardiac enlargement has no friction sounds; the area of dullness is increased, but does not extend beyond the apex beat; and the sounds are distinct.

Acute pleurisy has severe acute pain, aggravated by movement; and friction sounds which disappear upon holding the breath.

Complications.—Œdema of the lungs; cardiac hypertrophy, or dilatation.

Duration.—Several days to three weeks.

Prognosis.—Good; except, when complicated with Bright's disease, or with septic fevers.

Treatment.—Absolute rest in bed. Hot applications to the seat of pain. When effusion has formed apply blisters to the præcordia; and, paracentesis of the pericardium when the effusion is so great as to interfere with the function of other organs; or, when the effusion is purulent. Diet to be liquid and nutritious. No stimulants, unless especially called for by urgent symptoms.

REMEDIES.

Aconite.—* For the first stage; or, until the effusion sets in. * When it begins with fever; pulse full, hard and strong; or, weak, quick, like a thread. * Palpitation of the heart. * Stitching pains and anxiety about the præcordia. * Oppression about the heart. * Great anxi-

ety; tosses about; knows he is going to die; frequent sighing and taking a deep breath. Tendency to faint. Cannot lie on the right side.

"Indicated in the *first* stage of the disease, or until the exudative process is completed."—*Dr. Hale*.

"The remedy for the beginning."—*Dr. Jousset*.

"Will always be the principal remedy."—*Dr. Kreussler*.

"In true inflammation of the heart (*carditis, pericarditis*) *Acon.* 30th, as usual in a watery solution, generally accomplishes everything that can be desired."—*Dr. Jahr*.

"In every pericarditis and endocarditis, whether primary or secondary, Aconite is the first and most important remedy, whenever the inflammation sets in with febrile phenomena."—*Dr. Baehr*.

Arsenicum.—* From repelled measles, scarlet fever, anæmia, or pyæmia. * Pericardial effusion. * Excessive and great prostration; pulse is rapid, weak, small, can hardly be counted. * Palpitation of the heart, cannot lie down; dyspnoea; fainting spells. * Anguish, with tossing about. * Burning pains. * Thirst.

"Its place is when the action of Aconite and Cactus terminate, and when the dyspnoea, weak and irregular pulse, with considerable diminution of the arterial tension indicate a state of great gravity."—*Dr. Jousset*.

Belladonna.—* Face flushed; pupils dilated. Pressure on the cardiac region, which arrests the breathing, and causes a sense of anxiety. Gurgling at the heart. * Violent palpitation of the heart, reverberating through the head. * Violent throbbing of the carotids and temporal arteries. Pulse full, hard and tense.

Bryonia.—* Complicated with rheumatism, pneumonia, or pleurisy. * When the exudate is fibrinous. * Oppression in the region of the heart. * Cramp and stitching pains in the region of the heart, aggravated from the least motion. * Patient wants to lie perfectly still. * The heart beats violently and rapidly. * The pulse is full, hard and tense; at times intermittent.

"The pathological picture developed by the superinvention of pericarditis during pneumonia or pleurisy, generally corresponds very fully with the pathogenesis of *Bryonia*."—*Dr. Baehr*.

Cactus Grand.—*Sensation of constriction in the heart, as if an iron band prevents its normal movements. *Pricking pains impeding breathing, and movement of the body oppression; cannot lie on the left side. The face is blue. *Great dyspnoea. *Very irregular action of the heart; pulse quick, hard and tense.

Digitalis.—Sub-acute cases. *Onset gradual; no particular local pain. *When there is a copious effusion of serum. *Violent and increasing dyspnoea. *Bluish appearance of the face. *Very faint, empty feeling at the pit of the stomach, feels as if dying. Violent, but not very rapid beating of the heart; pulse small, irregular, slow; becoming accelerated, full and hard from every motion. *Pulse intermitting the third, fifth or seventh beat. *Sensation as if the heart would stop beating if one moved. *Œdema of the feet and legs.

"An excellent remedy."—*Dr. Baehr*.

Iodium.—*To remove the exudation. Constant heavy, oppressive pain in the region of the heart. Violent palpitation, worse from the least exertion. Sensation as if the heart were squeezed together. Pulse large, hard and accelerated.

"Deserves attention where all that remains to be done is to remove the exudation."—*Dr. Baehr*.

"It removes the plastic and serous exudation; I prefer the *Iodide of potassa*."—*Dr. Hale*.

Lachesis.—*Aggravation after sleep. Palpitation. *Can bear no pressure on the throat or chest. *Must set up, or lie on the right side. *Numbness of the left arm. Fainting. Constrictive sensation about the heart.

Naja.—*After the inflammation has been subdued, to help to restore the heart to its normal state.

Nitrum.—"If it sets in in company with active pulmonary congestion, or as a symptom of Bright's disease, or associated with acute rheumatism."—*Dr Baehr*.

Spigelia.—* Rheumatic pericarditis. * Violent palpitation of the heart, so violent that the walls of the chest are raised. * Waving, or trembling palpitation; not synchronous with the pulse; purring over the heart; trembling of the carotids. Anxiety. * Stitches about the heart. Oppression of the chest. * Dyspnœa; can only lie on the right side, trunk raised; the least motion produces great suffocation; with anxiety. * Tendency to syncope.

"Has the highest reputation."—*Dr. Hughes.*

"Adapted to rheumatic pericarditis, likewise to sero-plastic pericarditis, during its whole course, especially if the patient complains of an intense local pain, and the affection is evidently characterized by all the signs of cardiac inflammation."—*Dr. Baehr.*

Sulphur.—"No remedy is better able than Sulphur to effect the reabsorption of an exudation that had already existed for a time."—*Dr. Baehr.*

"You may give Sulphur with great confidence where there is plastic exudation, if the inflammation seems to linger."—*Dr. Hale.*

Veratrum Alb.—* Symptoms of collapse. Oppression about the heart, with dyspnœa, and anguish. Violent action of the heart. * Cold sweat on the forehead.

HYDROPERICARDIUM.

Synonym.—Dropsy of the pericardium.

Definition.—A sero-albuminous effusion into the pericardial sac, non-inflammatory in character, and when absorbed leaves no trace behind it (*Loomis*).

Etiology.—A symptom of general dropsy. From chronic renal or cardiac disease.

Symptoms and *physical signs* are the same as those which characterize the stage of effusion in pericarditis.

Treatment.—Must be guided by the cause.
Consult Pericarditis.

HÆMOPERICARDIUM.

Definition.—Blood in the pericardial sac.

Etiology.—Traumatism; wounds of the heart; rupture of an aneurism.

Symptoms.—Same as hydropericardium. But, death follows so quickly from heart failure, due to compression, that there are no special symptoms developed.

Treatment.—No special treatment.

PNEUMOPERICARDIUM.

Definition.—Air in the pericardial sac.

Etiology.—Perforating wounds of the thorax; or, rupture from the lung.

Symptoms.—*Percussion*, will give tympany over the præcordia.

Treatment.—No special treatment.

Diseases of the Heart.

ENDOCARDITIS.

Synonym.—Valvulitis.

Definition.—An inflammation of the endocardium, or lining membrane of the heart, generally confined to the valves.

Etiology.—Rarely idiopathic. Generally a complication of rheumatism, specific fevers, *Bright's disease*, etc

Varieties.—(I) Acute, or exudate endocarditis; (II) ulcerative, or malignant endocarditis; (III) chronic, or interstitial endocarditis.

Pathology.—The disease in the adult is generally confined to the left side of the heart; while in foetal life it confines itself to the right heart. In the *acute form* there is hyperæmia, and exudation of lymph and serum, causing swelling of the valves, which become red, lustreless, and roughened from a growth of vegetations. In the *ulcerative form* the inflammation goes on to ulceration, causing softening of the tissues, and forms ulcers and abscesses. In the *interstitial form* the valves become thickened and hardened from the overgrowth of fibrous tissue.

Symptoms.—Characteristic subjective symptoms are wanting; the only positive signs are those furnished by auscultation, *i. e.*, murmurs over the various cardiac orifices, and a prolongation of the heart sound.

Differential Diagnosis.—Must be based upon physical examination.

Prognosis.—Good, as far as life is concerned, except the ulcerative form which is generally fatal; but always results in more or less damage to the valves.

Treatment.—See Pericarditis.

ACUTE MYOCARDITIS

Synonym.—Carditis.

Definition.—An acute inflammation of the heart muscle.

Etiology.—An extension of the inflammation

of an endocarditis, or a pericarditis to the heart muscle. May be due to rheumatism, Bright's disease, or, to any of the causes of pericarditis.

Pathology.—The muscle substance is at first dark, but soon changes to a grayish color. The muscle is soft, and swollen from an infiltration of serum; and may break down into a fine granular mass; and, abscesses may form. *Microscopical examination* will reveal a fatty degeneration of the fibres of the muscle, and an infiltration of the connective tissue with leucocytes. The walls of the heart thus become weakened, and aneurisms may form.

Symptoms.—There are no characteristic symptoms, or physical signs, of myocarditis. The symptoms are all negative rather than positive. A rapid, small, compressible and irregular pulse, coming on suddenly in any disease where myocarditis may develop, will lead one to believe of the existence of inflammation of the heart muscle. There is also severe dyspnoea, pain and distress about the heart.

Duration.—From a few hours to several days.

Treatment.—Same as in pericarditis.

CHRONIC MYOCARDITIS.

Synonyms.—Fibroid heart; chronic interstitial myocarditis; cardio-sclerosis.

Definition.—An increased growth of fibroid tissue in the heart.

Etiology.—Caused, in the majority of cases, from sclerosis of the coronary arteries. Rheuma-

tism, gout, syphilis, alcoholism, and diseases of the kidneys are predisposing causes.

Pathology.—The process involves more frequently the walls of the ventricle. The heart is enlarged or dilated. The new tissue is dense, firm, and of a grayish-white color.

Symptoms.—No special symptoms.

Treatment.—No special treatment.

CARDIAC HYPERTROPHY.

Definition.—Increased growth of the muscular tissue of the heart.

Etiology.—Excessive muscular exertion; overwork of the heart, as in regurgitant valvular diseases, or stenosis of the valves; or, from obstruction to the systemic circulation, as in emphysema, Bright's disease, etc.; excessive use of tobacco, coffee, tea, or stimulants.

Varieties.—(I) *Simple hypertrophy*. Increased thickness of the muscles, the cavities remaining normal; (II) *Eccentric hypertrophy* (hypertrophy with dilatation). Increased thickness of the muscles, the capacity of the cavities also increased; (III) *Concentric hypertrophy*. Increased thickness of the muscles, the capacity of the cavities being diminished; this form is rare.

Pathology.—The weight of the heart is greatly increased; the muscles are firm, deep red in color, and resistant. The hypertrophy may involve both sides of the heart, but usually affects only the left side.

Symptoms.—Increased and forcible heart action; the arteries containing an increased

amount of blood, while the veins have not enough. The pulse is full, hard and bounding. The face flushes easily; the eyes are prominent; and the carotids visibly pulsate. There may be headache, vertigo and a dry cough.

Physical Diagnosis.—*Inspection.*—Increased area of cardiac impulse; bulging of the præcardium.

Palpation.—Impulse heaving, lifting.

Percussion.—Area of cardiac dullness increased.

Ausculation.—The cardiac sounds are muffled, prolonged and loud.

Differential Diagnosis.—In *cardiac dilatation* the pulse will be weak and feeble; the apex beat will be indistinct; and, the face pale.

Sequelæ.—Dilatation of the heart; apoplexy; fatty heart.

Prognosis.—Depends upon the existing valvular lesion; or, upon other cause.

Treatment.—Remove cause, if possible. Regulate diet and habits of the patient; let him do no violent exercise, or fatiguing work. The diet must be simple, and free from spices, coffee, tea and liquors. The patient should lead a quiet life, free from emotions.

Medical treatment must be directed to the cause.

DILATATION OF THE HEART.

Definition.—An increase in the size of the heart due to dilation of its walls.

Etiology.—The causes are: increased pressure

within the cavities; and weaken resistance, from weakness of the muscular walls.

Varieties.—(I) *Simple dilatation*. The cavities enlarged, the walls normal; (II) *Hypertrophic dilatation*. The cavities enlarge, and the walls increased in thickness; (III) *Atrophic dilatation*. The cavities enlarged, the walls decreased in thickness.

Pathology.—The process usually involves the right side of the heart; but, may involve both sides; and is, as a rule, associated with hypertrophy. The heart, from the hypertrophy, is heavier than normal; its muscles are pale and soft.

Physical Diagnosis.—*Inspection*.—Increased area of cardiac impulse.

Palpation.—Weak cardiac impulse.

Percussion.—Area of cardiac dullness increased.

Auscultation.—Heart sounds are feeble; the sounds are of nearly the same length, it being hard to distinguish them.

Prognosis.—Bad.

Treatment.—See treatment for hypertrophy of the heart.

FATTY INFILTRATION OF THE HEART.

This is simply a part of general obesity; and consist of an abnormal accumulation of sub-pericardial fat; and often seriously interferes with the action of the heart.

The treatment is practically an “anti-fat” treatment; the same as for general obesity.

FATTY HEART.

Synonym. — Fatty degeneration of the heart.

Definition.—A fatty degeneration of the heart muscle.

Etiology.—Anything that interferes with the nutrition of the heart; obstruction of the coronary arteries from any cause; old age; Bright's disease; alcoholism; cancer; phthisis; phosphorus poisoning.

Pathology.—The muscle-fibres are infiltrated with fat granules; and, the muscle becomes soft, pale in color, and easily torn. In marked cases a few drops of oil may be squeezed from the muscles.

Symptoms.—Are those of heart failure. Its onset is very gradual; the patient easily fatigues from the slightest exertion, which causes severe dyspnœa, palpitation and a smothered feeling about the heart. The patient is irritable; feels depressed; suffers from vertigo; and, various pulmonary and gastro-intestinal symptoms. The "*Cheyne-Stokes breathing*," which is a sort of sighing breathing, and the *arcus senilis* are present in advanced cases. The pulse is feeble, rapid and irregular. Attacks of fainting are dangerous signs in the disease. Death is, as a rule, sudden.

Physical Diagnosis.—Not characteristic. The apex beat is not marked; and the first sound will be almost inaudible.

Prognosis.—Bad; death may occur at any time from the slightest exertion.

Treatment.—Must be general; and, the same

as for fatty accumulation in other portions of the body.

Arsenicum, and more particularly Phosphorus, are the main remedies.

Chronic Valvular Diseases.

AORTIC INSUFFICIENCY.

Synonym.—Aortic regurgitation.

Definition.—Inability of the aortic valves to prevent a return of the blood to the ventricle.

Etiology.—Endocarditis; constant muscular strain, as in athletes, hence often called the “athletic heart;” and alcoholic excesses. More common in males than females.

Pathology.—The valves may be torn, or perforated from ulceration; the segments are hard, and shrunk. The blood regurgitates into the left ventricle, which, together with the regular supply of blood from the left auricle, overfills the ventricle, resulting, after a time, in dilating it, and finally hypertrophy results; the heart may enlarge considerably; and, has been called the “ox heart.”

Symptoms.—*Pulse.*—There is violent and visible pulsation of the vessels of the head, neck and upper extremities, with the “Corrigan pulse,” water-hammer pulse, or, collapsing pulse, *i. e.*, full, forcible impulse, which quickly declines.

Physical Signs.—*Inspection.*—Increased area

and force of the apex beat; and, the visible pulsation of the arteries as noted above.

Palpation.—Strong cardiac impulse; displacement of the apex beat downward, and toward the left.

Percussion.—Area of dullness increased, especially toward the left.

Auscultation.—Diastolic murmur, with greatest intensity at sternal end of the right second intercostal space; it is transmitted downward and toward the apex.

Sequelæ.—Hypertrophy of the heart; mitral insufficiency.

Complication.—Angina pectoris.

Prognosis.—Good, as long as compensatory hypertrophy lasts; death is usually sudden.

Treatment.—Regulate patient's habits; no heavy work; nor, heavy meals; and no stimulants.

Remedies.—Aconite; Aurum; Baryta carb.; Belladonna; Cactus; Convallaria; Iodine; Lachesis; Laurocerasus; Spigelia; Zincum.

AORTIC STENOSIS

Synonym.—Aortic obstruction.

Definition.—As its name implies, is an obstruction, from thickening of the aortic valve, to the passage of blood into the aorta from the left ventricle.

Etiology.—Rheumatic endocarditis is its chief cause. Male sex and adult life are predisposing causes.

Pathology.—The valves may have vegetations

on them which obstruct the orifice. Or, the valve may, from inflammation, become swollen, hard and rigid; or, the segments may adhere, thus narrowing the orifice, and obstructing the free passage of blood.

Physical Examination. — *Inspection.* — Increased area of cardiac impulse.

Palpation. — Apex beat is strong, has a *lifting* sensation, and is displaced downward, and to the left.

Percussion. — Increased area of cardiac dullness, especially to the left.

Auscultation. — Systolic murmur, with greatest intensity at sternal end of second right costal cartilage; murmur transmitted to the great vessels.

Sequelæ. — Dilatation of the left ventricle; mitral insufficiency.

Prognosis. — Good, as long as compensation lasts.

Treatment. — Must be general.

Remedies. — Aconite; Antimonium tart.; Arsenicum; Cactus; Nux vom.; Phosphorus; Veratrum alb.

MITRAL INSUFFICIENCY

Synonym. — Mitral regurgitation.

Definition. — An inability of the mitral valves to perfectly close the mitral orifice.

Etiology. — Rheumatic endocarditis is its most frequent cause.

Pathology. — The segments are, from inflammatory action, contracted and narrow, and possibly shortened; or, the dilation of the left ven-

tricle may be so great as to interfere with the proper closure of the valves.

Physical Signs.—*Inspection.*—Increased area of cardiac impulse.

Palpation.—The apex beat is displaced downward, and to the left.

Percussion.—Increased area of cardiac dullness.

Auscultation.—Systolic murmur, with its greatest intensity at the apex, and transmitted to the left axilla, and to the inferior angle of the scapular.

Sequelæ.—Dilatation of the auricle; hypertrophy of right ventricle; hypertrophy of the liver; dropsy.

Prognosis.—Good, so long as compensation lasts.

Treatment.—No special treatment.

MITRAL STENOSIS.

Synonym.—Mitral obstruction.

Definition.—That condition of the mitral valves which obstructs the flow of blood through the mitral orifice.

Etiology.—Rheumatism is the most frequent cause.

Pathology.—Rheumatic endocarditis usually leaves the valves thick and hard; or, the valves may be glued together at their margins, or have vegetations on them; thus obstructing the free passage of blood through the orifice.

Physical Diagnosis.—*Inspection.*—Feeble cardiac impulse.

Palpation.—Rough, purring thrill.

Percussion.—The cardiac dullness is increased upward.

Auscultation.—A harsh, churning, presystolic murmur, with greatest intensity a little above apex.

Sequelæ.—Thinning of the walls of the left ventricle; dilation, followed by hypertrophy of left auricle; hypertrophy of the right ventricle; pulmonary congestion.

Prognosis.—Good, as far as life is concerned.

Treatment.—Must be based upon cause; and treat the complications as they arise.

TRICUSPID INSUFFICIENCY, OR TRICUSPID REGURGITATION.

• When the tricuspid valves fail, from any cause, to perfectly close the tricuspid orifice. As a rule, is secondary to mitral troubles; and from dilatation of the right ventricle.

TRICUSPID STENOSIS, OR TRICUSPID OBSTRUCTION.

When the tricuspid valves, from any cause, obstructs the passage of blood through the tricuspid orifice. This disease is very rare; and never occurs except when there is mitral obstruction.

PULMONARY INSUFFICIENCY, OR PULMONARY REGURGITATION.

Very rare, its occurrence is doubted by some, and usually congenital.

PULMONARY STENOSIS, OR PULMONARY OBSTRUCTION.

Also a rare lesion; and always congenital.

Neuroses of the Heart.

PALPITATION.

Synonym.—Irritable heart.

Etiology.—Excitement; mental emotion; dyspepsia; heart disease; uterine disease; abuse of condiments, tea, coffee, tobacco, or alcohol; hysteria.

Differential Diagnosis.—In palpitation of the heart there are none of the physical signs which denote the other diseases of the heart.

Prognosis.—Good; the remedies generally cure.

Treatment.—Must remove cause; let patient be kept quiet; correct diet; and treat the patient, as palpitation of the heart is usually simply a symptom.

Remedies.—*Aconite*; *Argentum nit.*; *Arsenicum*; *Aurum*; *Baryta mur.*; *Belladonna*; *Calcarea*; *Causticum*; *China*; *Coffea*; *Cuprum*; *Ignatia*; *Iod.*; *Kali carb.*; *Kalmia*; *Lachesis*; *Lycopodium*; *Mercurius*; *Natrum mur.*; *Nitric acid*; *Phosphorus*; *Pulsatilla*; *Rhus*; *Sepia*; *Spi-gelia*; *Spongia*; *Sulphur*; *Thuja*; *Veratrum*.

TACHYCARDIA, OR RAPID HEART.

This is a rapid, paroxysmal action of the heart; with no pathological lesions.

BRADYCARDIA, OR SLOW HEART.

A slowness in the action of the heart; often associated with heart disease; disease of the coronary arteries; and, in those convalescence from acute diseases.

ARRHYTHMIA, OR IRREGULAR HEART.

An irregularity in the pulsations of the heart. Usually merely a symptom.

ANGINA PECTORIS.

Synonyms.—Neuralgia of the heart; stenocardia; "breast-pang."

Definition.—A paroxysmal disease, characterized by severe pain in the heart, extending into the upper extremities.

Etiology.—A disease of adult life; and occurs more especially in the male sex. Heredity may play a part in its cause. Diseases of the heart, especially fatty heart, and those diseases which offer resistance to the coronary circulation; arterio-sclerosis; alcoholism; abuse of tobacco; syphilis; Bright's disease; rheumatism; and gout; are predisposing causes.

Pathology.—There are no characteristic lesions; various valvular lesions, and fatty heart may occur.

Symptoms.—May come on at any time, but

usually at night, or after some bodily exertion, or mental emotion. The attack is sudden, with severe agonizing pain in the præcordium, a sensation of constriction, as from an iron hand; the pain radiates to the shoulder, and down the arm; accompanied with numbness and tingling. The pulse is, as a rule, almost normal. The attack lasts several seconds, after which the patient may feel quite well. In the height of a paroxysm the patient may faint, and die from syncope.

Prognosis.—Life may be prolonged, but sooner or later the patient dies from the disease.

Treatment.—During *the interval* between the paroxysms regulate the patient's mode of life and diet; let him lead a quiet life free from bodily strain, and mental worry; his diet must be light and nutritious; no stimulants, or highly seasoned food, no tobacco.

During *the attack*, if time permits, place patient in horizontal position; admit plenty of fresh air; apply hot applications to the præcordia, and heat to the extremities; let him inhale a few drops of *Nitrite of Amyl*; and if no relief is obtained in a few moments, then, administer Chloroform; stimulants must be given.

REMEDIES.

Aconite.—Suffocative constriction of chest, so distressing that he sweats from agony; pain in the heart, going in all directions, goes down left arm; followed by tingling and numbness. *The pulse is full and tense. *Anxiety, and fear of death, knows he is going to die.

“Recent cases attended with great anxiety and shooting, and particularly in plethoric persons, Aconite is evidently the remedy.”—*Dr. Small.*

Actea Race.—"When the pains radiate all over the chest and are associated with cerebral congestion and unconsciousness. The face is livid and the arm feels as if bound tightly to the body."—*Dr. Farrington.*

Arsenicum.—*The* remedy to be given during the interval to eradicate the disposition. *The attacks appear periodically. *Attacks, with extreme anguish, restlessness, tossing about. *Fear of death, useless to take medicine, knows he is going to die. *The pain radiates from the heart, all over the chest, and down the arm. *There is great suffering, he holds his breath for relief; cold sweat breaks out over his face. *Must lean forward in order to breathe; the least motion takes away his breath. *The pulse is weak and irregular.

"Not only the actual paroxysms, but the disease, generally finds in Arsenicum its appropriate remedy, provided the disorder is not complicated with structural changes of the heart and the large arteries, or other extensive disorganizations."—*Dr. Hartman.*

Belladonna.—As a palliative in acute cases; particularly when complicated with organic heart disease.

Cactus Grand.—Pricking pains impeding breathing and movements of the body. *Sensation of constriction in the heart, as if an iron band prevented its normal movements. *Pains in the apex of the heart shooting down the left arm to the ends of the fingers. Dyspnoea; oppressed breathing. *Irregularity of the heart's action, at times frequent, at others slow; great irritation of the cardiac nerves; enlarged left ventricle. Pulse quick, throbbing, tense and hard. *Cries, knows not why, consolation aggravates. *Fears he has some organic heart disease, and that it will prove fatal.

"Takes the front rank as a homœopathic remedy in angina pectoris."—*Dr. Hale.*

Cuprum.—Sudden attacks, with cold face, blue lips, and general coldness.

Digitalis.—*Chronic cases, particularly those occurring in old people. *The attacks occur frequently and suddenly; each attack seeming harder than the preceding

one. *Deadly anguish and oppression of the heart; great fear and anxiety; sensation as if the heart would stop beating if he moved. *Tendency to faint. The pain extends to the head and arm. *The pulse is slow, irregular, and intermittent.

Gelsemium.—"For angina pectoris depending upon fatty degeneration of the heart, *Gelsem.* and *Bell.* are good palliatives."—*Dr. Hempel*.

Glonoine.—"Not only a valuable palliative in angina, but is of great value during the interval. I refer to its physiological action. The dose should be sufficient to give a soft, full pulse, without causing disagreeable headache."—*Dr. Hale*.

Hydrocyanic Acid.—Should be studied; is valuable in recent cases; with *fainting spells.

Lachesis.—"Worse after sleep; seems to sleep into an attack. *Palpitation, can bear no pressure on throat or chest; must sit up or lie on the right side; numbness of the left arm, fainting, anxiety.

Rhus Tox.—Caused by straining the heart; or, from rheumatic endocarditis. *Sticking pain in the heart, with soreness; numbness and lameness of the left arm.

Spigelia.—Great oppression and anxiety. *Organic heart disease. *Severe stitching, stabbing pains in the heart, worse on every motion. *Purring feeling over the heart. *Palpitation so severe that it lifts the walls of the chest; can only lie on the right side, with the trunk raised. *Suffocative spells on least motion. *Tendency to syncope.

"The principal remedy."—*Dr. Jousset*.

Tabacum.—"Death-like paleness of the face, with sick stomach, features pinched. *Sudden præcordial anxiety. *Palpitation in attacks at night; tightness across chest. *Icy coldness of the legs, from knees to toes.

Veratrum Alb.—"Suffocative constriction of chest, so distressing that he sweats from agony. General prostration. *Cramps in the limbs.

ARTERIO SCLEROSIS.

Synonyms.—Atheroma; Gull and Sutton's Disease.

Definition.—An overgrowth of connective tissue of the arteries, causing them to become thickened and friable.

Etiology.—A disease of advanced life; and found chiefly in the male sex. Alcoholism, gout, rheumatism, Bright's disease, and syphilis are the predisposing causes.

Pathology.—The intima inflames, and from a new growth of cellular elements, becomes thickened, often irregularly in patches. This new growth causes the arteries to become enlarged, tortuous, rigid, and friable; with more or less, fatty degeneration of the other coats. These changes are usually in the aorta; but, the coronary, cerebral, and the arteries of the extremities, are also affected. This rigidity of the arteries hinders the circulation, raises the arterial tension and causes hypertrophy of the left ventricle.

Symptoms.—The symptoms naturally vary greatly depending upon the artery affected, and the degree of the degeneration. The peripheral arteries may be felt to be hard and irregular in outline; the pulse is feeble. Associated with this we have the hypertrophied left ventricle.

Sequelæ.—Angina pectoris; cerebral apoplexy; gangrene; nephritis.

Prognosis.—Incurable, but may be relieved.

Treatment.—Hygienic. Let patient have a

quiet life free from excitement, and treat the symptoms as they arise.

Dr. Hale says: "Aurum is an excellent remedy in arterio sclerosis in which there is an element of vaso-motor constriction."

SPECIFIC INFECTIOUS DISEASES.

TYPHOID FEVER.

Synonyms.—Enteric fever; typhus abdominalis; nervous fever; gastric fever; autumnal fever.

Definition.—An acute infectious disease, caused by a specific poison; characterized by a constant lesion in Peyer's patches, mesenteric glands, and spleen; and a characteristic roseolar eruption on the abdomen.

Etiology.—*Predisposing Causes*—Youth and early adult life, rare in infants and those over fifty years of age; autumn season, particularly after a dry, hot summer; and, individual susceptibility.

Exciting Cause.—The *bacillus of Eberth*. This bacillus, says Osler, "is rather short, thick, motile bacillus, with rounded ends, in one of which, sometimes in both (particularly in cultures), there can be seen a glistening round body, believed to be a spore; but these polar structures are probably only areas of dense protoplasm."

The poison gains entrance into the body through the alimentary canal, it being denied that the poison can be carried through the air, in the food, more especially in meat, drinking water and milk. The poison, in the first place, originates in the body, is given off mainly through the bowels,

but, to some extent through the lungs, and requires, before it can communicate the disease to others, a stay for a certain time in decomposing organic material; it then infects the drinking water, which is the main medium of transmission of the poison to man.

Pathology.—There is a catarrhal inflammation of the mucous membrane of the bowels; the spleen is greatly enlarged; a parenchymatous degeneration of the liver, kidneys, and particularly the heart; but, the characteristic lesion is found in Peyer's patches and solitary glands of the intestines, particularly those situated in the lower part of the ileum.

The changes in the glands have four stages:

1. *Stage of hyperplasia, infiltration, or swelling.*

From the irritation of the typhoid poison there is hyperæmia, followed by inflammation of Peyer's patches; the patches become red and hardened; following this, there is a cell proliferation which causes swelling; the swelling now presses upon the blood vessels, cuts off the blood supply, and the parts become pale.

2. *Stage of necrosis, softening or sloughing.*

When resolution is no longer possible in the lymph follicles, there appears an "anæmic necrosis" from the blood supply being cut off, from pressure on the vessels. Sloughs form and are discharged.

3. *Stage of ulceration.* The sloughs, which begin separating at the edges of the glands, *finally*, about the third week, separate and leave *irregular ulcers*.

4. *Stage of cicatrization, or healing.* This stage, as its name implies, is when the ulcers are healing, which occurs about the twenty-first day. The ulcers, when healed, are usually depressed and pigmented.

Symptoms.—*Prodromal Stage*—The onset of typhoid fever is very insidious; it begins with a feeling of malaise; headache, usually in the occiput; more or less deafness; nose bleed; and, a profound sense of weakness; with slight chilliness, particularly on motion. This stage may last from a few days to several weeks.

During the *first week* of the disease, which begins with the commencement of the fever, there is an aggravation of the symptoms of the prodromal stage; with symptoms of irritation of the gastro-intestinal canal. There is tenderness, and possibly swelling of the abdomen, especially the right side, with gurgling in the right iliac fossa upon pressure. The temperature has a gradual rise, with daily remissions; the evening temperature being some couple degrees higher than the morning temperature, and about a degree higher than that of the previous evening; and reaches the maximum temperature about the seventh day. The pulse is frequent, and often dicrotic. Diarrhoea, consisting of the so-called "pea soup" discharges, begins in this week, if it has not already appeared. Towards the end of this week there appears, upon the abdomen and chest, a characteristic eruption, resembling flea bites, appearing in crops, each crop lasting about four

days; the eruption disappears upon pressure, and after death.

Second week. The fever, during this week, continues with slight morning remissions; the pulse is fast, but compressible, and has lost its dicrotic character. Subsultus tendinum, stupor, delirium, which is usually mild, and worse at night, and enlargement of the spleen, appear during this week. There is decided bronchial irritation, manifested by a short, dry cough with bronchial râles. The face becomes pale, the eyes are suffused, and a flush appears upon the cheeks.

Third week. The symptoms of the second week are more pronounced. If the case is progressing favorable, the fever will show a more marked morning remission, with a lower daily maximum temperature. The patient is now greatly emaciated, and extremely weak; with great liability to relapse and complications, especially intestinal hemorrhages.

Fourth week. This is the week of convalescence. The symptoms gradually disappear; the patient regains his appetite, his tongue cleans, the diarrhœa stops, and he slowly regains his strength.

If convalescence be delayed the following weeks will show irregular fever, with symptoms of the third week.

Complications.—Intestinal hemorrhage, due to the ulcer in the bowel eating into a blood vessel, is the most frequent complication; the hemorrhage may vary in quantity, from a few drops to *a pint of blood*. The hemorrhage is preceded by *a sudden fall* in the temperature.

Perforation of the gut, setting up fatal peritonitis may occur. Lobar pneumonia; hypostatic congestion of the lungs; nephritis; cystitis; and bed sores; are frequent complications.

Differential Diagnosis.—*Acute miliary tuberculosis* has a high fever, without the peculiar rise of typhoid fever, and dyspnoea, but has no enlarged spleen, nor eruption. Microscopic examination of the sputum of tuberculosis will reveal the characteristic bacilli.

Septicæmia has repeated chills, followed by sweats early in its course; the temperature is very irregular; and there is no eruption.

Ulcerative endocarditis has rapid onset, with irregular temperature; and cardiac murmurs.

Trichinosis has no characteristic temperature, no eruption, but has severe muscular pains and tenderness.

Sequelæ.—Paralysis; dropsy; dysentery; mental weakness; phlebitis.

Prognosis.—Must be guarded. Death usually occurs about the third week, from physical or cardiac exhaustion, or, from some complication. Pregnant females when attacked with this fever abort and die in a few days, in the majority of cases. The mortality, under homœopathic treatment, is about four per cent.

The *unfavorable signs* are: A high temperature early in the disease; a temperature with but slight remissions; a severe and persistent diarrhoea; marked cerebral symptoms, such as coma, persistent delirium, and subsultus tendinum, weak heart; and repeated hemorrhages.

The *favorable signs* are: A low temperature, not over 105° F. on the ninth day; a good pulse, with a strong heart; constipation; mild delirium; and no complications.

Treatment.—Confine the patient to bed, preferably on a hair mattress, as soon as typhoid fever is suspected; insist upon absolute rest, use bed pan. Have the room provided for free ventilation, and keep the temperature about 75° F. The patient, and everything about him, must be kept clean. The patient, several times a day, should have a sponge bath, composed of equal parts of alcohol and water; the linen must be changed daily. For the high temperature use the cold bath, or cold pack. Disinfect all discharges as soon as passed, and have them immediately removed from the sick room. Guard against bed sores; move the patient every few hours; wash any reddened places with boracic acid solution. Wash mouth out frequently to ward off sordes on the teeth. And, watch the heart.

Diet.—The diet, from the first symptom of typhoid fever until the temperature has been normal one week, must be liquid and nutritious, given in small quantities, and frequently, every two hours. The best diet is the "milk diet;" give small amount of *diluted* milk, every two hours, day and night; adults may take from two to four pints of diluted milk in the twenty-four hours. When giving milk the stools of the patient must be watched to detect the passage of milk undigested. If the milk is not digested

it may be peptonized; or, may give broths, or albumen whey. Water, in moderate amounts, may be given the patient. Stimulants must not be given until indicated by the profound weakness, and particularly by the weakness of the first sound of the heart; when given, watch the result carefully and give just enough to obtain the result sought for.

REMEDIES.

Absinthium.—"Sleeplessness of typhoid fever when there is congestion at the base of the brain."—*Dr. Farrington.*

Alumen.—* Hemorrhage from the bowels, *when large clots of blood are passed (Hering).*

Alumina.—When Bryonia, though indicated, does not act deep enough (*Gosewitsch*).

Apis.—* The patient's face is flushed; the skin is dry and hot; little or no thirst. * Prostration is marked, and comes early in the disease; the weakness is profound, he slides down in the bed. * Stupor, with mild, muttering delirium. * Abdomen is swollen, and very sensitive to touch. * The tongue catches in the teeth when attempting to protrude it; and trembles. * Tongue is dry, red and cracked; coated on the dorsum, and has blisters on the edges.

Arnica.—* Patient in a very low condition; face dark; head hot, while rest of body is decidedly cooler; drowsy; stupid; complete indifference; falls asleep while answering questions. * Complaining of the bed feeling hard, he tosses about to find a soft place. * Involuntary passages from both bowels and bladder.

"Occupies a middle rank between Rhus and Bryonia."—*Dr. Baehr.*

Arsenicum.—* For the second stage, when the intestinal ulceration is under full headway. * There is high fever; the patient is very irritable, anxious, restless, and fears death. * The face is pale and shrunken, cadaveric;

the lips are dry, cracked, and dark in color; he picks his lips; sordes form on the teeth. * The pulse is very small, almost imperceptible. * Extreme prostration of strength and emaciation. Picking at the bed clothes. * The abdomen is very much swollen and tender, with gurgling. * Diarrhœa, the passages being very fetid. There may be retention of urine, the bladder swelling to such an extent that rupture threatens. * Hemorrhages from the bowels, consisting of dark, watery blood; with anxiety and restlessness. * Worse after midnight. When Arsenicum seems indicated and fails, study Sulphur.

"Whatever other remedies are used, this should be given all through the course of the disease unless the attack is a very mild one."—*Dr. Hale*.

"The most disappointing medicine I have prescribed in typhoid fever."—*Dr. Goodno*.

"Do not give it early in the course of typhoid affections, unless the symptoms clearly call for it."—*Dr. Farrington*.

Baptisia.—Claimed that it will, if given as soon as typhoid is suspected, cut the disease short, this I doubt. * Face is dark red, with a besotted expression, looking like one intoxicated. * Stupid, dull, confusion of ideas; goes to sleep while answering questions. * Feels scattered about, must toss about in order to get himself together. * Dull aching pain all over the body. * Pulse is full and soft. * The tongue is brown, blackish, and dry. * The breath is offensive; everything about the patient seems to be fetid. * Diarrhœa of dark fluid, exceedingly fetid.

"The *king* of all remedies for typhoid. No remedy can supplant it in the first stage."—*Dr. Burt*.

"Typifies a fever which is decidedly typhoid in its tendency."—*Dr. Farrington*.

Belladonna.—* With marked cerebral symptoms. * The face is flushed, the pupils dilated, the carotid pulsates. * Intolerance of noise or light. * Delirium early in the disease. * Troublesome bronchial irritation and cough. * Wants to strike, bite and kick.

Bryonia.—*The face is red and swollen; the lips are dry, brown and cracked; the mouth is also dry, without thirst, or thirst of large quantities of water; the tongue, at first, is coated white in the middle, with clean edges, but later, the coating is brown, and the tongue becomes very dry, with a bitter taste in the mouth. *There is a dull, throbbing, stupefying headache, often associated with sharp pains over the eyes; headache as if the head would split, aggravated from the least movement, even turning the eyes aggravates the headache. *Constantly puts his hand to his head. *Drowsy all the time; on closing his eyes he sees persons and is surprised, on opening his eyes, to find they are not there. *Delirium day and night, wants to escape, wants to go home, talks of his business. *Nausea and faintness on rising. *Abdomen distended, and tender to the touch. *Constipation; of little value after diarrhœa has set in.

"Clinical evidence of the pre-eminent value of *Bryonia* at this period (the first week) is overwhelming."—*Dr. Goodno.*

Calcareæ Carb.—*For persistent diarrhœa; or nose-bleed. *When the rash does not develop; and the abdomen swells and becomes tympanitic; he is very restless. *Cannot sleep; frightened by imaginary objects.

"Indicated when the rash will not appear, and the patient goes into a sort of stupor."—*Dr. Farrington.*

Carbo Veg.—*Last stage; stage of collapse. *Colloquative diarrhœa. *Face pale, sunken, cold, and hippocratic; the breath is cold; the extremities are cold, and may be covered with a cold sweat. *Great prostration, the patient wants more air; wants to be fanned all the time. *Symptoms of heart failure.

"Often at the brink of death a saviour, in those states of collapse, dissolution of blood, and paralytic conditions, which seem rapidly to invade the whole organism."—*Dr. Raue.*

Colchicum.—It seems to stand in typhoid conditions between *Arsenium* and *Cinchona*, having the excessive

weakness of the former remedy and the marked tympany of the latter (*Farrington*).

Eupatorium Perf.—If there should be severe pains in the bones.

Gelsemium.—* Stage of invasion; or, during the first week of the fever. * Sense of extreme prostration; trembling from weakness. * Cases where the nervous symptoms are prominent. * Soreness and bruised feeling over the body. * The face is red and suffused; drowsy. the eyelids are heavy, he cannot keep them open. * Dull pain, or a strange feeling, in the head, with jerking of the muscles. * Pulse full and weak.

Hamamelis.—* Hemorrhage, from the bowels, of dark, sometimes coagulated, and offensive blood; with soreness, and bruised feeling in the abdomen.

Hyoscyamus.—* Delirium, which continues while awake; sees people who are not present. * Loss of power of the bladder and bowels. * *Subsultus tendinum*.

Lycopodium.—On about the fourteenth day of the fully developed fever, when the rash belonging to the fully developed disease does not appear and the patient sinks into an unconscious state with muttering delirium, picking at the bed clothes, distended abdomen with great rumbling of flatus, constipation, sudden jerking of the limbs here and there, involuntary urination or retention of urine (*Farrington*).

Mercurius.—Contra-indicated in typhoid fever, except for marked icteroid scorbutic symptom (*Hering*).

Muriatic Acid.—* Extreme prostration, with constant tendency to slide down in the bed. * Unconscious; low muttering delirium. * Stupid sleep, groans, lower jaw dropped. * Tongue is shrunken, dry like leather; the tongue is almost paralyzed, can hardly speak. * Involuntary passages from bowels and bladder.

Nitric Acid.—* Hemorrhage from the bowels; with great sensitiveness of the abdomen; and, fainting on motion.

Opium.—* The face is swollen and of a dark red, or even black color. * Drowsy. * Complete coma, can not be

aroused, or only with the greatest difficulty. * Stertorous breathing.

Phosphoric Acid.—* Great debility, with complete indifference to everything. * Persistent diarrhœa. * Quiet stupor.

Phosphorus.—* When pneumonia symptoms develop.

Pulsatilla.—* When diarrhœa ushers in an attack; or, appears early in the disease. * Bitter taste; tongue coated white; nausea and vomiting. * Worse toward evening.

Rhus Tox.—* Intestinal stage; after diarrhœa has set in. * Prostration; restless; disturbed anxious sleep with frightful dreams; picking at the bed clothes. * Face is dark and livid; the eyes are injected. * The tongue is dry, red and smooth; red triangular tip. * Worse after midnight.

Stramonium.—* For high grade of delirium.

Terebinthina.—* Tympanites; and hemorrhage of the bowels.

Zinc.—* Threaten paralysis of the brain.

TYPHUS FEVER.

Synonyms.—Ship fever; jail fever; hospital fever; camp fever; exanthematic typhus.

Definition.—A highly contagious febrile disease, characterized by a sudden onset, high fever, petechial eruption, marked nervous symptoms, and termination by crisis in about two weeks.

Etiology.—Rarely seen in America, except among sailors and emigrants in seaport towns; is common in Great Britain. The special germ has not been discovered. Over-crowding, bad hygiene, impure drinking water, and poor food, are predisposing causes.

Pathology.—No positive lesion. The blood is dark, fluid; the muscles are stained a deep red color, and there is a granular degeneration.

Symptoms.—The period of incubation is about ten days.

There may, or may not, be premonitory symptoms.

The attack : The onset is sudden, with a short, sharp chill, or chills, and chilliness during the first couple of days of the disease; this chill is followed by a severe fever, which reaches its highest point about the fourth day of the attack, and there are slight remissions in the fever. With the fever, there are severe nervous symptoms, delirium, excessive prostration, fearful pains in the head and extremities, and symptoms of gastric irritation.

Stage of eruption : From the third to the fifth day of the disease an eruption develops, first upon the abdomen, then spreading to the chest and extremities. The eruption is rose-colored, measly in appearance, with a decided mottling of the skin. The spots soon become hemorrhagic, and do not disappear upon pressure.

Stage of decline : The disease ends by crisis, usually on the fourteenth day, and sequelæ are rare.

Differential Diagnosis.—*Typhoid fever* has a gradual onset, with a gradual rising fever with characteristic and marked daily remissions. *Typhoid fever* has severe abdominal symptoms, diarrhœa, hemorrhages, and enlarged spleen. The eruption of *typhoid fever* is rose colored, no mottling, appears in crops, and disappears upon pressure.

Cerebro-spinal meningitis has severe occipital

headache, which continues during the delirium, and muscular rigidity appears early; paralysis are common; and there is no characteristic eruption.

Duration.—About two weeks.

Complications.—Pneumonia; swelling of the parotid glands.

Prognosis.—Favorable.

Treatment.—Isolate patient; have room provided for good ventilation, for the patient needs plenty of fresh air. Disinfect all discharges. The diet must be liquid and nutritious.

Remedies.—Consult those given for typhoid fever.

YELLOW FEVER.

Synonyms.—Yellow jack; black vomit; Mediterranean fever.

Definition.—An acute infectious febrile disease, caused by a specific virus, and characterized by yellowness of the skin and hemorrhages.

Etiology.—A disease of the tropics. Its specific cause is unknown. The infection may be carried about in the clothes; and, it finds its way into the system through either the alimentary canal or respiratory tract. One attack usually protects the individual from future infections. Occurs more frequently in white persons, and those of the male sex.

Pathology.—There is no pathognomonic lesion. Jaundice, altered blood, and degeneration of the internal organs, are found.

Symptoms.—The duration of the *period of*

incubation varies according to the severity of the epidemic; it usually lasts from one to six days.

The *first or febrile stage*: The duration of this stage is about three days. The onset is sudden, marked by a chill, rapid rise of temperature, the face is flushed, there are severe pains in the head and in various parts of the body. There is gastric irritability; the urine becomes scant and often albuminous. A peculiar odor is perceptible about the patient on the second day. Following this stage there is a remission, known as

The *second stage*, or that of *remission*, when the temperature rapidly subsides, the pains leave, and, in short, convalescence sets in, and the patient, in favorable cases, soon is well; but, after a few hours to several days, in a great number of cases, the patient goes into the second febrile attack, known as

The *third stage*, or that of *collapse*: The fever rises rapidly, with all of the symptoms of the first stage; the skin now becomes yellow; the gastric irritability is greatly exaggerated, the nausea and vomiting intense; the vomit consists of mucus and dark blood mixed, and is called the "black vomit." May be hemorrhages from all of the mucous surfaces. The urine is scant, and contains albumen and tube casts. The stools also contain dark blood. Exhaustion, ending in death of the patient, may terminate this stage; or, the patient may recover, gradually regaining his former health.

Duration.—Seldom over one week.

Differential Diagnosis.—*Relapsing fever* has

an enlarged spleen, which is tender to touch; there is little or no jaundice; no black vomit; but there is spirilli in the blood.

Pernicious malarial fever has remission within the twenty-four hours, has no peculiar vomiting, and no albumen or tube casts in the urine.

Remittent fever has daily remissions, no black vomit, and has enlargement of the spleen.

Acute yellow atrophy of the liver commences without chill as a simple jaundice, with the liver diminished in size, and the urine contains leucin and tyrosin.

Prognosis.—Must be guarded; the mortality varies in different epidemics.

Treatment.—Isolate patient in a large, airy room; confine him to bed; disinfect all discharges; keep him, and all things about him, clean.

Diet: Until the second period it is best to give no food whatever; then give nothing but nutritious liquid foods, until convalescence is fully established. Stimulants may be given when called for by the prostration and cardiac failure.

REMEDIES.

Aconite.—* For the fever at the onset. * The skin is hot and dry, the pulse full and hard. * The patient anxious, and restless; tosses about; with fear of death.

Argentum Nitr.—Third stage. * When there is vomiting of brownish masses, with coffee-ground-like flakes.

“For the hemorrhages from the gastric mucous membrane.”—*Dr. Holcombe.*

Arsenicum.—Third stage. Face livid; nose pinched and cold. * The tongue is dry, brown or black; like a piece of red leather. * Great prostration. * Vomiting

immediately after eating or drinking. *Frequent and violent vomiting, with apprehension of death. Urine burning, scant and high-colored; containing albumen and casts; passed with difficulty.

"The lesions of Arsenic are remarkably similar to those of yellow fever."—*Dr. Holcombe*.

Belladonna.—*Symptoms of cerebral congestion. *Violent fever; dry and very hot skin; pulse full and strong; with visible pulsation of the carotids. *The face is red; the eyes sparkle. *Delirium, with desire to strike and bite.

Bryonia.—*The second stage; for the prominent gastric symptoms. *Headache, as if the head were splitting; nausea and faintness on attempting to rise; tongue heavily coated. Constipation.

Camphor.—"If the chill was violent, or persisted long, I ordered *Tincture of Camphor* every ten minutes in drop doses."—*Dr. Holcombe*.

Cantharis.—*For the strangury.

Crotalus.—*For the "black vomit."

Lachesis.—*Dr. Holcome* says: "When *Belladonna* and *Arsenic* produced no amelioration, a change to *Arsenic* and *Lachesis* brought about the desired amendment."

Phosphorus.—Should be studied.

Tartar Emetic.—*Prolonged and distressing nausea.

Veratrum Alb.—*To allay the vomiting and abdominal pains (*Holcombe*).

CEREBRO-SPINAL FEVER.

Synonyms.—Epidemic cerebro-spinal meningitis; spotted fever; petechial fever; malignant purpuric fever.

Definition.—A specific infectious disease, characterized by inflammation of the membranes of the brain and spinal cord.

Etiology.—No doubt due to a micro-organism though, as yet, no positive proof; in the menin-

geal exudation there is found a coccus similar to the pneumo-coccus which some think is the cause. Slightly, if at all, contagious. Youth, winter climate, and bad hygienic surroundings, are predisposing causes.

Varieties.—Common form; fulminant form; abortive form.

Pathology.—Hyperæmia of the membranes of the brain and spinal cord, followed by exudative inflammation; this exudation closes the cavities between the membranes; and, causes pressure on the brain and cord.

Symptoms.—As a rule, the onset, in the *common form*, is sudden with chill, followed by an irregular fever; with nausea and vomiting, which may be very troublesome; extreme prostration; severe pains in the head, particularly in the occipital region; the pains extend into the back. Soon, there develops painful stiffness and tonic spasm of the muscles of the neck and back, with hyperæsthesia of the skin. The fever reaches its height in from one to three days; delirium is almost always present, sometimes stupor and coma. Partial or total deafness; twitching of the eyes, and, particularly strabismus are present. A petechial rash develops during the second or third day; and herpes labialis is quite a constant symptom. These symptoms last from four to seven days, when the fever declines, and other symptoms gradually disappear. Convalescence is always slow and irregular.

The *fulminant form* proves fatal in a few hours from collapse.

The *abortive form* sets in with symptoms of the common form, but the patient recovers in a few days.

Complications.—Pneumonia; inflammation of the heart; typhoid fever; pleurisy.

Sequelæ.—More or less deafness; impaired vision; persistent headache.

Differential Diagnosis.—*Tubercular meningitis* is usually secondary to general tuberculosis; its onset is not sudden.

Typhoid fever has a gradual onset; with general feeling of malaise; a characteristic temperature; and other decided symptoms that are not found in cerebro-spinal fever.

Duration.—The fulminant form lasts a few hours; the abortive form a few days; the common form a few weeks.

Prognosis.—Must be guarded; death usually takes place, in fatal cases, during the first five days of the disease.

Treatment.—Confine patient to bed; keep everything quiet in the room; secure diaphoresis early, by means of the hot bath, or by giving Jaborandi, Alcohol or Aconite. Ice bag to head and along spine has proven beneficial. Diet must be liquid and nutritious.

REMEDIES.

Actea Race.—For spasmodic symptoms after the acute stage has passed.

Alcohol.—Pure deodorized 95 per cent. alcohol; two teaspoonfuls in 4 $\frac{2}{3}$ of water; dose, teaspoonful every half hour.

“Saves the patient from sinking into death, before the

ordinary remedies could have time to act, * * * and cuts the disease short in its progress."—*Dr. B. W. James.*

Ammonium Carb.—"The patient is stricken down by the violence of the poison and falls into a stupid non-reactive state. He is cold, and the surface of the body is cyanotic. The pulse is very weak. In just such cases, you should give Am. c., which will bring about a reaction."—*Dr Farrington.*

Arsenicum.—* Violent pains in stomach and bowels
* Signs of decomposition of the blood.

Belladonna.—* For cerebral congestion.

Cicuta —* The remedy for this disease. Dull, stupid, mental torpor. Head jerks and twitches. Eyes are very sensitive to light. * Spasmodic drawing of the head backward. * Tonic spasm of the cervical muscles. Suddenly becomes stiff and immovable. * Tonic spasm renewed from the slightest touch.

Cuprum Acet.—"If the symptoms were more prominently cerebral."—*Dr. Goodno.*

Gelsemium.—In the first stage; as soon as the disease declares itself. * Occipital headache; dull stupid feeling; profound weakness; and other symptoms which correspond to the onset of this disease.

Hydrocyanic Acid.—* For the fulminant form.

Stramonium.—* For the violent spasms.

Veratrum Vir.—Sometimes given for the early symptoms.

RELAPSING FEVER.

Synonyms.—Famine fever; spirillum fever; febris recurrens; "seven-day fever."

Definition.—An acute infectious disease caused by the spirochæte of Obermeier, having febrile paroxysms which last from four to six days, and are followed by a remission of the same duration.

Etiology.—A highly contagious disease. Directly caused by the spirochæte of Obermeier.

which twist and rotate in the blood during the fever. The indirect causes are any causes which would predispose to typhus or typhoid fever.

Pathology.—No characteristic lesion. Microscopical examination of the blood during the fever will show the cork-screw organisms referred to above.

Symptoms.—There are no prodromes. The attack begins suddenly with chill, followed by rapid rise in temperature, the fever remaining high for six or seven days, when it terminates by crisis. With this fever there is headache, pain over the body, vomiting, etc. In five or six days more, the patient has a second attack, similar to the first, which ends in six or seven days by crisis. This may keep up until the patient has four or five paroxysms before convalescence sets in.

Differential. Diagnosis.—The characteristic course of the fever, and the cork-screw organisms found in the blood, will prevent mistakes being made.

Prognosis.—Favorable.

Treatment.—Isolate patient. Rest in bed; liquid diet.

Remedies.—Aconite; *Baptisia*; *Bryonia*; *Cimicifuga*; *Eupatorium* perf; *Rhus* tox.; Sulphur.

DENGUE.

Synonyms.—Break-bone fever; dandy fever.

Definition.—An acute, infectious, epidemic disease, characterized by febrile paroxysms, with

pains over the body, and sometimes a cutaneous rash.

Etiology.—Not known.

Symptoms.—Onset sudden, with chilliness, followed by fever, with severe aching in the joints, and over the body. There is headache, and gastric symptoms. After two to four days, the temperature declines, and for three or four days, the patient is free from fever and severe pain. During this apyretic period there is often an eruption over the body. A second attack, similar to the first, sets in suddenly after several days of "no-fever" period. Convalescence usually sets in after the second attack.

Duration.—One week.

Prognosis.—Very favorable.

Treatment.—Rest in bed; and nutritious liquid diet.

Remedies.—Consult influenza.

Aconite; Bryonia; *Eupatorium perf.*; Rhus tox.

INFLUENZA.

Synonyms.—La grippe; epidemic catarrh; catarrhal fever.

Definition.—An acute, specific, infectious fever, characterized by intense pains over the body, catarrh of the respiratory tract, and great exhaustion.

Etiology.—Spreads from Russia where it occurs as epidemics. Nothing seems to influence its course. Directly due, presumably, to the bacillus of Pfeiffer.

Pathology.—No special lesions.

Symptoms.—Similar to the symptoms of bronchitis, except, influenza has higher fever, and severe pains throughout the body, with gastro-intestinal irritation, and profound prostration.

Complications.—Pneumonia; bronchitis; neuritis; kidney disease; insanity; cardiac weakness.

Duration.—From five to six days.

Prognosis.—In uncomplicated cases, good. If complicated, the prognosis must be based upon the general condition.

Treatment.—Rest in bed; and liquid diet.

REMEDIES.

Consult indication for remedies in bronchitis.

Aconite.—* Sthenic cases; high fever; full, bounding pulse; anxiety; restlessness, and fear of death.

Arsenicum.—Dr. Hughes considers this the specific remedy.

Bryonia.—* Severe frontal headache * The patient is very irritable; desires to be alone. Fever; with full, hard pulse; * lips dry and cracked; the patient has a constant desire to wet them with his tongue. Tongue heavily coated. * Prostration; nausea and faintness upon sitting up. * The limbs feel heavy; with weakness and weariness in them. * Cough dry, with pains in the sternum.

“An efficient medicine when the bronchial mucous membrane is attacked and the general pains are tormenting.”—*Dr. Goodno.*

Eupatorium Perf.—* For the “bone-pains.”

Gelsemium.—This is the best remedy for the early stage. * Great prostration; with dull pains throughout the body. Pulse is soft, frequent and almost imperceptible.

“In early stage * * * generally the most efficient remedy.”—*Dr. Goodno.*

Rhus Tox.—For Typhoid symptoms.

FEBRICULA.

Synonyms.—Simple continued fever; ephemeral fever; irritative fever.

Definition.—A simple idiopathic fever.

Etiology.—Excessive bodily work; exposure to the sun, or excessive cold; excitement; and errors of diet.

Symptoms.—Onset sudden with chill, fever, lassitude, headache, and all the symptoms of fever. This lasts for a few days, to possibly a week, when the fever declines by lysis or crisis.

Prognosis.—Good.

Treatment.—Rest in bed, with liquid food, and a few doses of Aconite generally cures this disease.

MALARIAL FEVER.

Definition.—A specific, non-contagious disease, invariably associated with, and probably excited by, the *hæmatozoa* of Lazeran, and characterized by splenic enlargement, by fever with periodic intermissions or remissions, and by a tendency to extreme anæmia (*Stevens*).

Etiology.—*Exciting Cause:* The hæmatozoon of Lazeran.

Predisposing Causes: The spring and autumn months; residence in a low, badly drained locality, or, near a marsh; exposure to night and early morning air.

Varieties.—(I) Intermittent fever; (II) remittent fever; (III) pernicious malarial fever;

(IV) malarial cachexia; (V) masked intermittent fever.

Pathology.—The microbes which are the exciting cause of malarial fever are of animal origin, belonging to the protozoons. Various shapes have been found, and are generally within the red blood corpuscle. It is their action on these corpuscles which cause the anæmia which is such a constant attendant on malarial. There are changes in the spleen and liver.

INTERMITTENT FEVER.

Synonyms.—Ague; chills and fever.

Definition.—That form of malarial fever in which the paroxysm has three distinct stages, *i. e.*, chill, fever and sweat.

Varieties.—Quotidian when there is one paroxysm daily; tertian, a paroxysm every other day; quartan, a paroxysm every fourth day. When there are two paroxysms daily the variety is called double quotidian.

Symptoms.—There are three stages.

Cold Stage.—Begins with malaise, headache, nausea, and desire to stretch; soon there is a well marked chill, the features of the patient become pinched, the lips blue, skin pale, with goose-flesh; this is soon followed by the

Hot Stage, which gradually comes on as the chill leaves. This stage is marked with a high fever, headache, nausea and vomiting, intense thirst, severe pains in the head and over the body. The face is flushed; the urine is scanty. After

lasting for several hours, the hot stage is followed by the

Sweating Stage.—The fever gradually subsides, the pain decreases, a sweat breaks out, and usually, the patient falls into a refreshing sleep, and awakens feeling fairly well.

Differential Diagnosis.—Intermittent fever can be recognized by its stages, the chill, fever and sweat, the enlarged spleen, and the presence of the hæmatozoa in the blood.

Prognosis.—Favorable.

Treatment.—If the patient lives in a malarious district, he should avoid the night air, and sleep in the upper story of the house. If possible should remove to a more healthy place.

REMEDIES.

Some physicians advise *Aconite* or *Veratrum vir.* to be given during the cold stage. The best way to administer the medicine is one dose dry on tongue just after the paroxysm, not to be repeated until after the next paroxysm.

The quickest way to *check* intermittent fever is by giving a full dose, say ten to fifteen grains, of Quinine about one hour before the expected chill; but, if you want to *cure* the patient you must give the indicated remedy; the best help to find this remedy is Allen's Therapeutics of Intermittent Fever, from which the following indications are taken:

Apis.—*Chill*, in afternoon (3 to 4) with thirst; oppression at the chest as though the patient would smother, worse in a warm room.

Fever.—Oppression of the chest as if smothering; heat most severe in the hands, chest and epigastric region. Nettle rash.

Sweat.—This stage is often absent; particularly in old protracted cases. Alternates with dryness of the skin.

Arnica.—*Prodrome*.—Thirst for large quantities of cold water; and drawing pains as if in the periosteum.

Chill with severe pain in the body, as if bruised; must change his position frequently, the bed feels hard. Thirst.

Fever with less thirst than during the chill. Chilly from the least uncovering.

Sweat sour offensive, like mouldy earth.

For cases badly managed, and maltreated with Quinine.

Arsenicum.—*Prodrome*.—Yawning and stretching; weakness. and, sleepiness night before paroxysm.

Chill, in afternoon from one to two; anticipates one hour every other day. Chill not clearly defined; external warmth relieves. Thirst for small quantities of water.

Heat intense long lasting, with insatiable thirst. Restless, anxious. Vomiting.

Sweat with thirst; drinking causes vomiting. Sweat is sometimes cold and clammy,

For the "*dumb ague*" after abuse of Quinine.

Capsicum.—*Prodrome*.—Thirst.

Chill.—Five to six P. M. every day; begins in back, between the shoulders; must have something hot to back. Thirst, drinking causes shivering and chilliness. Chill relieved by motion.

Fever without thirst; tendency to perspire.

Sweat, no thirst. General.

China.—*Prodrome*.—Thirst; hunger; debility; palpitation of the heart.

Chill general over the body; no thirst; or, if water is taken it increases the chill; pain in the liver.

Fever without thirst; general heat, with distended veins, congested headache, desire to uncover, but chilly when uncovered. Hunger; sleepy after eating.

Sweat with great thirst. Sweat is profuse, debilitating.

Eupatorium Perf.—*Prodrome*.—Thirst, but drinking causes nausea and vomiting, and hastens the chill; pain over the body.

Chill.—In the morning, seven to nine A. M.; with

thirst; yawning and stretching; backache and bone pains; vomiting of bile.

Fever.—Pains increase.

Sweat scanty; the headache continues for several hours after the fever is gone.

Gelsemium.—*Chill*.—Begins in the extremities; runs up the back from loins to nape of neck, and following each other in rapid wave-like succession from sacrum to occiput. Wants to be held. Falls asleep during the chill, or as the chill is passing off.

Fever.—No thirst. Periodic fever, without chill.

Ipecacuanha.—*Prodrome*.—Nausea.

Chill.—With thirst; oppressed breathing; nausea.

Fever.—Unusually long lasting, over whole body, with alternate coldness and paleness of face. Nausea and vomiting, Dry cough.

Sweat. Profuse.

After abuse of Quinine.

Natrum Mur.—*Prodrome*.—Patient dreads the chill.

Chill.—* Ten to eleven A. M. Violent chill; with thirst; headache; blue lips and nails; nausea and vomiting.

Fever.—Hammering headache; stupefaction and unconsciousness. Prostration, must lie down.

Sweat.—Profuse, gradually relieving all pains.

Nux Vom.—* Chilliness during all stages from motion, or uncovering.

Opium.—* Sleep during the different stages.

Rhus.—A dry, teasing, fatiguing cough, coming on first sometimes hours before, and continuing during the chill (*Dunham*).

Veratrum Alb.—*Chill* at six A. M. Long lasting; with thirst. Face cold, collapsed. Extremities cold. Great exhaustion and sinking of strength; pulse small and weak.

Heat.—Cold sweat on the forehead.

Sweat.—With deadly pale face.

Particularly useful for pernicious cases.

REMITTENT FEVER.

Synonyms.—Bilious remittent fever; typho-malarial fever.

Definition.—That form of malarial fever in which the temperature remits, never reaching normal during the continuance of the disease.

Etiology.—Occurs particularly in hot climates.

Symptoms.—Similar to those of intermittent fever, except the fever is remittent and not intermittent. During the *remission* the temperature is always several degrees above normal, with symptoms of general disturbance.

Duration.—About two weeks.

Differential Diagnosis.—Must be based upon the character of the fever; and, microscopical examination of the blood.

Prognosis.—Good.

Treatment.—The patient should be confined to bed, with a liquid diet.

Remedies.—Consult Intermittent Fever remedies.

PERNICIOUS MALARIAL FEVER.

Synonyms.—Congestive chills; malignant malaria.

Definition.—A pernicious, malignant form of malaria, which may be of the intermittent or remittent form; occurring principally in the tropics; and having congestion of the internal organs.

Varieties.—(1) Comatose; (2) algid; (3) *hemorrhagic*.

Symptoms.—*Comatose form*: In this form the disease seems to spend its force on the brain; there is violent delirium; followed by a deep coma. The patient may rapidly sink and die in a few hours; or, may regain consciousness and experience another attack.

Algid form: Onset is characterized with gastric symptoms; nausea and vomiting, and extreme prostration; purging. The entire surface of the body is cold; the features are pinched; the breath may be cold; the temperature is often sub-normal; and the patient dies in collapse.

Hemorrhagic form: Sometimes occurs as an epidemic. Characterized by hemorrhages from the mucous surfaces, particularly the surfaces of the kidneys; jaundice may be present.

Duration.—One week.

Prognosis.—Must be guarded; patient seldom lives after the third paroxysm.

Treatment.—Must bring about reaction. Many advise large doses of Quinine; heat to body and extremities; and stimulants.

Remedies.—Consult those given for Intermittent Fever.

MALARIAL CACHEXIA.

Definition.—The chronic form of malaria, characterized by anæmia, and enlarged spleen.

Etiology.—As a rule, is due to repeated acute attacks of malaria.

Symptoms.—Those of anæmia; with enlarged spleen; and neuralgias in different parts of the body.

Prognosis.—Guarded.

Treatment.—Must be suited to each case.

MASKED INTERMITTENT FEVER.

A term applied to symptoms depending upon the malarial poison, yet, there is no decided malarial paroxysm.

Treatment.—Must be symptomatic.

PAROTITIS.

Synonym.—Mumps.

Definition.—An acute, specific, infectious disease, characterized by inflammation of one or both parotid glands.

Etiology.—No doubt due to a specific poison, contained in the saliva; but the poison has not been isolated. A disease of youth. As a rule one attack protects from future attacks.

Pathology.—There is inflammation and infiltration of one or both parotid glands, causing them to swell; they never suppurate. There may be metastasis to the mammæ and testes.

Symptoms.—The period of incubation is about ten days. The disease is ushered in with malaise, chilliness, followed by moderate fever, stiffness of the jaws, and swelling of the glands. The swelling is first observed below and in front of the ear; after about five days, the gland gradually resumes its normal size.

Prognosis.—Good.

Treatment.—Rest and liquid diet.

Remedies.—*Mercurius* is the principal remedy; *but, if the disease sets in with fever give Aconite;*

if the swelling becomes very red, give *Belladonna*;
if the swelling becomes very hard, *Carbo veg.*;
for metastasis to mammæ or testes, *Pulsatilla*.

WHOOPIING COUGH.

Synonym.—Pertussis.

Definition.—A contagious disease, characterized by a peculiar, paroxysmal cough, ending in a prolonged, crowing or whooping inspiration.

Etiology.—A contagious disease; from direct contact with the specific poison, which is presumed to be in the expectoration, and possibly in the expired air. More often found in the winter and spring months; and often associated with measles. A disease of childhood; one attack protects the individual from future invasions.

Pathology.—There is an inflammation of the respiratory mucous membrane, but nothing peculiar. The paroxysmal cough is caused from irritation of the pneumogastric nerve.

Symptoms.—There are three stages.

Catarrhal stage : This stage lasts several weeks; and, is similar to an ordinary coryza and bronchitis.

Paroxysmal stage begins with the first "whoop;" and, lasts from two to four weeks. The cough now becomes paroxysmal, ending in a crowing, or whooping inspiration. During the cough, the face becomes blue; the eyes are injected; and the veins are distended. Vomiting often occurs; and, sometimes hemorrhages. Ulcer under the tongue frequently occurs.

Terminal stage: Here the cough loses its paroxysmal character, and becomes loose; and, other symptoms subside. This stage lasts several weeks.

Complications.—Pneumonia; bronchitis; emphysema.

Differential Diagnosis.—Can only be made after the paroxysmal stage has set in, then by the peculiar cough, ending in vomiting.

Prognosis.—Good.

Treatment.—Protect child from colds; give good, nutritious food.

Remedies.—Aconite; Belladonna; Carbo veg.; Cina; Coralium rub.; Cuprum; *Drosera*; Hepar; *Ipecacuanha*; Kali carb.; Mephitis; Naphthalin; Pulsatilla; Veratrum alb.

DIPHTHERIA.

Synonyms.—Diphtheritis; malignant sore throat; malignant quinsy.

Definition.—An acute, contagious disease, caused by the Klebs-Loeffler bacillus, characterized by the formation, usually in the throat, of false membrane.

Etiology.—*Exciting causes:* Klebs-Loeffler bacillus; which is contained in the secretion of the throat, and is thus given off—not by the breath.

Youth; autumn season; defective drainage; or, any bad sanitary surroundings; and a previous attack; are *predisposing causes*.

Pathology.—The characteristic membrane is usually found upon the tonsils and pillars of the

fauces; but may, and often does, extend to adjacent parts. This membrane is of a dirty-gray color; and dips deep into the mucous membrane, from which it is hard to separate, and when separated always leaves a raw bleeding surface. There may be ulcers form; and, possibly gangrene of the part. The lymphatic glands of the neck, and the spleen are swollen. The blood is dark and fluid. Parenchymatous degeneration of the internal organs occur.

Symptoms.—The period of incubation is about ten days. The onset of diphtheria is announced by a regular febrile attack; with profound prostration; soreness of the throat; constant desire to hawk. The tonsils are swollen, upon which will be found the membrane. Pieces of the membrane may be coughed up. There is a very offensive breath, due to the diphtheric process. The glands of the neck are swollen and tender. The membrane may extend into the nose, called *nasal diphtheria*, and causes epistaxis, and a yellow offensive discharge from the nose, ulcerating the upper lip. If it should extend to the larynx (*laryngeal diphtheria*) it will cause hoarseness; croupy cough; dyspnoea; and stridulous breathing. If the membrane forms upon the external mucous membrane it is called *cutaneous diphtheria*.

Complications.—Pneumonia; capillary bronchitis; inflammation of the heart.

Sequelæ.—Paralysis.

Duration.—About ten days.

Differential Diagnosis.—Must be based upon the microscopical examination of the membrane.

Prognosis.—Guarded. Nasal and laryngeal parieties of diphtheria are very fatal.

Treatment.—Isolate the patient; have the room upon the upper floor, well ventilated, the atmosphere kept moist; remove all carpets, rugs, and other furniture that are not in use. Confine patient to the bed. Disinfect everything. Let patient inhale steam; or, possibly have small bits of ice. See that his kidneys are kept active.

Local treatment is best left alone. But, lactic acid solution, peroxide of hydrogen, and diluted alcohol, have been recommended.

Laryngeal diphtheria may demand intubation of the larynx; or even tracheotomy.

The paralysis must be treated with the electric current.

Diet is of first importance; the patient must be sustained; the food must be liquid and highly nutritious, preferably milk; must give small quantities, at regular intervals, day and night; if the patient cannot swallow then give food by enemata. Stimulants are usually required for the profound prostration and symptoms of heart failure.

REMEDIES.

Antitoxine.—Wonderful results are said to follow the use of this agent. Given a case of diphtheria, inject Antitoxine, and in no time your patient is well, or—but, if your Antitoxine is *pure* there is no “or;” so they say.

Apis.—*The case is distinguished by the profound prostration which sets in at the very onset, and the small amount of pain which accompanies the exudation. The *membrane* is of a dirty-gray color. The patient cannot *bear heat*.

Arum Tri.—Whole throat raw and sore. *The discharges from the nose and mouth are very acrid and excoriate the skin wherever they come into contact with it. *Picks his lips until they bleed.

Belladonna.—Only at the very commencement, when there is a dry, sore throat; with cerebral symptoms.

Bromine.—*The diphtheria begins in the larynx and comes up.

Bryonia.—To develop the case.

Cantharis.—*In cases where its urinary symptoms are prominent.

Diphtherinum.—"If your apparently well-indicated remedy fails in post-diphtheric paralysis think of Diphtherinum; it has been found to work well in many of these cases."—*Dr. Allen.*

Kali Bich.—*Croupy cough, in paroxysms, with expectoration of viscid, tough mucus, which may be drawn out into long strings. Great fetor. *Yellow exudation with a clean tongue. *Pains shoot into the ear. *The membrane is dirty-yellow, tough and stringy.

"In nasal diphtheria I find it specific; in laryngeal diphtheria it does all that medicine can do."—*Dr. Hughes.*

Lac Can.—*Membrane diffused like the lid of a pepper-box, and dry. *Exudate begins on the left side and goes to the right. *After the throat began to improve, the disease seemed to work through the whole alimentary canal. *Great prostration.

Lachesis.—*Exudate begins on the left side and spreads to the right. *The throat is very sensitive to touch, or pressure. *Hawking and spitting from mucus in the throat. *Sleeps into an aggravation. Pain extending into the ear when swallowing. *Aching over whole body.

Lachnanthes.—*Neck very stiff and painful, drawn to one side.

Lycopodium.—*Exudate begins on the right. *Aggravation of all symptoms from 4 to 8 P. M. *The child, on awaking from sleep, is cross.

Mercurius Cyan.—Putrid diphtheria, extending all over the mouth, fauces, pharynx, etc. *Salivation. This is the routine remedy for diphtheria; and, it has cured many desperate cases.

Mercurius Proto.—*Great swelling of the salivary glands, with dirty yellow coating on the tongue.

Phytolacca.—*Violent aching over the body. *Great exhaustion. *Excessive fetor of the breath. *Feeling as if a ball of red-hot iron had lodged in the throat. Difficult deglutition. *The fauces look like venous congestion.

Rhus Tox.—*Should a typhoid condition set in. *Bloody saliva runs out of the mouth during sleep.

Zincum.—To bring about a reaction.

SMALLPOX.

Synonym.—Variola.

Definition.—An acute, contagious disease, characterized by an initial febrile movement, severe pains in the back, vomiting, and a peculiar eruption, which passes through the stages of papule, vesicle, and pustule, and a secondary fever.

Etiology.—The contagion of smallpox has not, as yet, been discovered. It is contained in the pustule, and the excretions and exhalations of the patient. The contagion is evidently active during all the stages.

Varieties.—Discrete; confluent; malignant; varioloid.

Symptoms.—*Discrete Form.*—Period of incubation is about ten days. The attack begins with a hard chill, severe frontal headache, pains in the back and limbs, and vomiting. The fever *rapidly rises*; and there is great prostration.

This fever is called the *inttial fever*, and lasts until the appearance of the eruption, when it declines, and the other symptoms subside. About the fourth day of the disease there appears an eruption of coarse red spots, appearing first on the forehead, at the border of the hair, and on the wrist. In a couple of days these spots are converted into papules, and feel like shot beneath the skin. About the sixth day of the disease the papules become vesicles, which are umbilicated, and are divided into compartments by fibrinous partitions. On the eighth day of the disease the vesicles become pustules, and soon have a red halo around them; at this time there is a peculiar odor to the patient. After a couple of days scabbing begins, and on the eighteenth to the twentieth day the scabs begin to drop off, leaving red, glistening pits. With the advent of the pustules on the eighth day there is another rapid rise of temperature, the *fever of suppuration*, the amount of rise depending upon the number of pustules; this fever usually lasts four or five days, when convalescence begins.

Confluent Form.—Begins with the same initial symptoms as the discrete form; except, possibly the symptoms may be more severe. The rash appears on the fourth, possibly on the third day. The fever now abates some, but not so much as in the discrete form. The pustules unite, and form large patches; distorting the features terribly. The secondary fever, or fever of suppuration, is very severe, and runs an irregular course; with it there is violent delirium, and often stupor.

diarrhœa is frequently present. Convalescence is delayed and irregular. The confluent form often leaves deafness, bad vision and terrible pitting.

Malignant Form.—The poison seems to prostrate the patient at once, and he never rallies, dying even before the eruption appears. Or, if the eruption appears, the pustules become filled with blood. Hemorrhages are very common in this form of smallpox.

Varioloid, or modified smallpox. Smallpox appearing in one protected by vaccination, or by a previous attack of smallpox, runs a very short and mild course, with no secondary fever, this form is known as varioloid.

Complications.—Laryngitis; pneumonia; pleurisy; myocarditis; dysentery; boils; abscesses.

Sequelæ.—Defective vision and hearing.

Differential Diagnosis.—*Chickenpox.*—The fever follows the eruption, and the vesicles do not pustulate, nor are they umbilicated.

Scarlet Fever begins with headache, vomiting and sore throat; the eruption appears earlier than in smallpox, and does not have the characteristic changes that denote smallpox.

Prognosis.—In the discrete and varioloid forms favorable. In the confluent and malignant forms, must be guarded. If appearing in pregnant females, smallpox is nearly always fatal.

Treatment.—If called to see the case early you should, if you can conscientiously do so, vaccinate the patient and rest of the family, if *they have not* been lately successfully vaccinated. *The patient must be isolated; the room must be*

devoid of all unnecessary furniture, carpets, curtains, etc.; it must be well ventilated and kept cool, about 65° F.; and kept dark. The patient must be confined to bed, upon a mattress; the patient and everything around him must be kept clean. Disinfect everything; the peculiar odor may be destroyed by carbolic acid in saucers placed around the room. Protect the eruption from injury; let patient's hands be padded to keep from scratching the eruption. To prevent pitting, there are many things advised, painting each pustule with collodium, or a five to ten per cent. solution of Ichthyol seem to have some result, vaseline applied to each pustule also helps to keep in check the itching at any rate. Lint, soaked in a very weak solution of Bichloride of Mercury, applied to the face in the form of a mask, is about the best application. They now claim by keeping certain colored rays of light from the patient will prevent pitting. But, if the pustules have dipped deep enough, there is nothing that will prevent pitting. The nose and mouth of the patient must be frequently washed with some mild antiseptic solution. The eyes also must be frequently bathed with boracic acid solution. Give frequent baths during convalescence for they help to loosen the scabs.

Diet.—Must be liquid and nutritious.

REMEDIES.

Aconite.—* For the initial fever. * Pulse is full and strong; the patient anxious and restless.

Antimonium Tart.—This is the medicine for this disease. * Given early it will reduce the fever, the pustules

will run their normal course, and leave very little or no pitting. * Especially useful for pulmonary and gastric disturbances. * Abortive power is claimed for it.

" Given early it mitigates the severity of the disease."—*Dr. Gatchell.*

" Enjoys a greater reputation in the treatment of small-pox than does any other medicine."—*Dr. Goodno.*

" The chief remedy in all stages of the disease."—*Dr. Hale.*

Arsenicum.—For desperate cases; the skin becomes blue; the eruption is hemorrhagic, and dark. * Great prostration; the pulse is small, thread-like. * So called black smallpox.

Belladonna.—Preferred to Aconite, by some, for the initial fever. * Congestion to the head; throbbing carotids. * Starts and jumps in his sleep, and other well known symptoms of this drug.

Camphor.—* Sudden sinking of the vital forces.

Coffea.—* For extreme nervousness.

Mercurius.—* For the suppurative fever. * To be given as soon as pus appears in the eruption.

Opium.—* Excessive drowsiness; stertorous breathing.

Rhus Tox.—* Eruptive stage; the skin is inflamed with stinging, burning and itching.

" Invaluable, often modifies in considerable degree the cutaneous inflammation and thus favorably influencing the future of the case."—*Dr. Goodno.*

Stramonium.—* For the violent delirium.

Sarracenia.—Extensive claims have been made for this drug; it is credited for having cured and modified small-pox in all of its stages.

Sulphur.—* For the itching during the drying stage.

Thuja.—Recommended by Boenninghausen.

Vaccinium.—Has given a number of physicians good results as a routine medicine.

VACCINIA.

Synonyms.—Vaccination; cowpox.

Definition.—A general disease with constitu-

tional disturbance, and a local manifestation, which affords, more or less, protection from smallpox.

Bovine Virus is obtained from the udder of the calf while enduring an attack of cowpox.

Humanized Virus is obtained from the vesicle of a person who has been vaccinated.

Mode of Vaccinating.—Render arm aseptic; then scratch with lancet, or the ivory point, the skin until it is just ready to bleed, when the virus must be rubbed in.

Time to Vaccinate.—About the third month of life, then about the seventh year, and again at puberty, and after any exposure to the contagion of smallpox. “More scars of vaccination, less liability to take smallpox.”

Symptoms.—There are some constitutional symptoms; and often a rash over the body. On the second, or third day after vaccination there appears at the seat of vaccination a papule, with a reddish areola. In about three days the papule becomes a vesicle, which is umbilicated. In a few more days the vesicle becomes a pustule. In a few days more, or about the tenth day, the pustule begins to dry, and the areola fades; and, in two days the scab has formed. About the third week the scab becomes detached, leaving the “scar.”

Treatment.—If there is considerable constitutional disturbance, confine patient to bed, with liquid diet; and, treat the symptoms as they arise.

Remedies.—*Silicea* and *Thuja* are given after vaccination by many physicians.

VARICELLA.

Synonym.—Chickenpox.

Definition.—An acute, contagious, febrile disease, characterized by a vesicular eruption.

Etiology.—Exact cause not known. It is a disease of childhood. Has no relation to smallpox.

Symptoms.—The period of incubation is about ten days. The attack commences with slight constitutional disturbance, and, a vesicular rash within the first day. The vesicles first appear upon the trunk, rarely upon the face. These vesicles appear in crops of several days' duration; the vesicles dry and scab by the fifth day, they seldom leave scars, and, rarely become pustular.

Duration.—One week.

Prognosis.—Rarely cause death.

Treatment.—Rest in bed, and light diet, if the symptoms are severe enough to demand it.

Remedies.—*Aconite*, if there is much fever; otherwise, *Rhus tox.* accomplishes all that is desired.

SCARLET FEVER.

Synonym.—Scarlatina.

Definition.—An acute contagious disease, characterized by a rash and a sore throat.

Etiology.—The specific cause has not been discovered. The contagion is usually conveyed

by fomites, or carried in the air, or in the food, particularly milk. A disease of childhood, but adults are frequently attacked. One attack generally gives immunity from subsequent infection.

Varieties.—Simple; anginoid; malignant.

Pathology.—There are no specific lesions. There is a true dermatitis; a granular degeneration of the muscles; and, changes in the glandular structures throughout the body.

Symptoms.—The period of incubation is from a few hours to some two weeks, usually about five days. An attack is ushered in with chilliness, rarely a defined chill, or, in young children, with a convulsion; there is a rapid rise in temperature, often reaching 105° F. during the first day; severe headache; vomiting, usually projectile in character; and a sore throat. The pulse is very high. At the end of the first, or beginning of the second day, there appears a bright, red rash; appearing first upon the neck and chest, but, rapidly spreads over the body; and there is no intervening healthy skin; the rash disappears upon hard pressure. The skin is very hot to touch; the throat is violently inflamed; and the glands of the neck are swollen. There is intense headache; possibly delirium. The tongue now has raised papillæ, giving it the "strawberry" character. The fever is severe for some five days, when it declines by lysis; and the eruption begins to fade; in from six to nine days desquamation begins, and continues for some one to two weeks. The convalescence is usually slow.

Anginoid Form.—This is the so-called "throat

form " of scarlet fever. Together with the above symptoms, there is violent inflammation, and possibly ulceration, of the throat; the tonsils swell and may have false membranes on them; and the glands of the neck are also swollen.

Malignant Form.—The onset is marked by a violent chill; exceedingly high temperature, may reach 108° to 110° F.; delirium, followed by coma; and the rash, if it appears, is dark in color. Often death occurs before the appearance of the rash.

Complications.—Nephritis; inflammation of the heart, or ear; ophthalmia; adenitis; pneumonia.

Sequelæ.—Chronic throat or ear disease; diarrhœa; Bright's disease.

Differential Diagnosis.—*Acute dermatitis* has not the high fever; nor the sore throat; nor the enlarged glands; that characterize scarlet fever.

Diphtheria has a membranous and adherent exudation; the fever is not high; and, seldom a rash.

Measles commences as an ordinary coryza; the eruption appears late; and first upon the face; is papular; and arranged in crescentic patches.

Duration.—From three to four weeks.

Prognosis.—If uncomplicated, good; otherwise, must be guarded.

Treatment.—Isolate the patient, and confine him to bed, in a large, upper room, which must be well ventilated, and kept cool; and thoroughly *disinfect everything*. The patient must be bathed *several times a day*; and his linen changed, at

least, every day. Encourage him to drink plenty of water. Examine the urine for kidney complications. When the eruption appears apply carbolized vaseline or cocoa-butter; this keeps down the itching, and helps the patient to be more comfortable. The diet must be liquid, preferably a milk diet. Belladonna may be used as a prophylaxis.

REMEDIES.

Aconite.—* Only at the commencement of the fever, dry, hot skin; restlessness; full, hard pulse.

Ailanthus.—* The child becomes drowsy and stupid; headache, with hot, dark-red face. * The throat is swollen; there is an excoriating nasal discharge. * The rash is scant; and of a dark, bluish color. * Violent vomiting. * Malignant cases.

Apis.—* Very high fever, with drowsiness; and nervous restlessness. The throat is swollen; the mouth and tongue are very red; and the tongue has blisters on it. * The rash is of the miliary kind. * The urine is scanty; and dropsical symptoms are present.

Arsenicum.—* When the eruption does not come out properly; or, suddenly becomes pale; the skin cold; and, rapid prostration; with, or without convulsions. * Restless and anxious; with thirst. * For the dropsy.

Belladonna.—* For the fever; particularly, if with signs of cerebral congestion; injected eyes; throbbing carotids; and, smooth eruption.

Bryonia.—* To develop the eruption.

Calcareo Carb.—When the rash is either undeveloped, or else recedes, leaving the face unnaturally pale and bloated (*Farrington*).

Cuprum Acet.—* Signs of metastasis to the brain. * Retrocession of the eruption, with vomiting and convulsions.

Mercurius.—* The glands are greatly swollen. *Ulcera-*

tion of the throat. *Salivation; fetor of the breath; and prostration.

Opium.—*Drowsiness; stertorous breathing; and vomiting.

Rhus Tox.—*Typhoid symptoms. *The rash is dark-colored and itches. Child becomes drowsy and restless; tongue red and smooth; fauces dark-red and cedematous.

"No medicine with which I am acquainted is as generally valuable in scarlet fever."—*Dr. Goodno.*

Sulphur.—*Bright redness of the whole body. *Violent itching.

"Ever since I had an opportunity of testing the excellence of Hering's advice to give Sulphur if the skin looks red like a boiled lobster, I have employed Sulphur, even if this redness was not yet visible, in the precursory stage of the disease, following it up sometimes with Calcareo, by which means I have succeeded in many cases in imparting to the exanthema a benign character so that no other treatment was required to secure an easy termination of the disease without any further dangerous complication."—*Dr. Jahr.*

Zincum.—*Threatened paralysis of the brain.

MEASLES.

Synonyms.—Rubeola; morbilli.

Definition.—An acute, contagious disease, characterized by an initial coryza, fever and eruption.

Etiology.—Its specific cause is, as yet, unknown. The contagion can be carried in the clothes. As a rule, it is an epidemic disease, and attacks children. One attack is generally preventive against future infection.

Pathology.—No special lesion.

Symptoms.—The incubative stage is about one week. The attack begins as a severe cold in

the head. There is chilliness; discharge from the nose, and eyes; the eyes become suffused; headache; and, pains throughout the body. Fever rises rapidly during the first day, but remits on the second day for several days; the other symptoms continuing. In several days, or, on the fourth day of the disease, there appears an eruption, first upon the face, then rapidly spreading over the body. This eruption is composed of small papules, slightly elevated, with a pale-red border, arranged in crescentic patches, with healthy skin between them. With the appearance of the eruption the fever again rises; the discharges from the respiratory track becomes thick; the inflammation may extend to the bronchial tubes. After the eruption is out for several days, it begins to fade, and desquamates in branny scales; and, the fever falls by crisis as the eruption fades.

Malignant, hemorrhagic, or black measles: The eruption assumes a vesicular form, and becomes hemorrhagic. There is great prostration; and hemorrhages are common.

Complications.--Bronchitis; pneumonia; stomach trouble; ophthalmia.

Sequelæ.—Scrofula and tuberculosis.

Differential Diagnosis.—The onset with catarrhal symptoms; the rash appearing on the fourth day, and first upon the face; the rash being papular in character, arranged in crescentic patches; with branny desquamation; will serve to prevent mistakes being made.

Duration.—From ten days to two weeks.

Prognosis.—Good. Black measles are very fatal.

Treatment.—Isolate the patient to prevent the disease from spreading. Have the room well ventilated; protect patient's eyes from the light, by screens, or smoked glasses. Confine the patient to bed; give frequent sponge baths. For the itching of the skin, apply vaseline or cocoa-butter. Diet to be light and liquid.

Remedies.—For the fever, restlessness, etc., *Aconite* is the remedy; and, when the fever abates some, and the catarrhal symptoms are pronounced, *Pulsatilla*. If the eyes are much inflamed, with watery discharge, *Euphrasia*. For the severe bronchitis, *Bryonia*. Eruption retarded, with nausea and oppressed breathing, *Ipecacuanha*. Black measles usually call for *Arsenicum*.

ROTHERLEN.

Synonyms.—Rubella; German measles; epidemic measles; epidemic roseola.

Definition.—An acute, contagious disease, characterized by a slight febrile attack, swelling of the lymphatic glands of the neck, and, a characteristic eruption.

Etiology.—Its specific cause is unknown. Highly contagious; and usually attacks children; one attack prevents subsequent attacks. Appears, as a rule, in epidemics.

Symptoms.—The stage of incubation is from one to three weeks. The onset is not marked, in

fact, it is often so mild that the eruption is the first symptom to attract the attention. The onset may be marked by a slight fever; drowsiness; malaise; headache, and sore throat. The glands in the neck and adjacent parts are swollen. On the second or third day there is a rash, which varies in character, but usually of a pale red color, appearing first on the face; this rash lasts only a couple of days, when it disappears, with or without desquamating. The fever ends in lysis.

Duration.—About one week.

Prognosis.—Good.

Treatment.—Same as for measles.

ERYSIPELAS.

Synonym.—St. Anthony's fire.

Definition.—An acute, specific, contagious disease, caused by streptococci, and having a characteristic inflammation of the skin.

Etiology.—The *exciting cause* is the streptococcus erysipelosus. The *predisposing causes* are: any disease which lowers the vitality of a person; woman, during the puerperal state; those suffering from wounds; and, a previous attack.

Pathology.—A dermititis, with inflammatory oedema; and the lymph spaces of the skin are filled with the streptococci.

Symptoms.—The stage of incubation varies from one day to a week. The onset may begin with chilliness, malaise, slight fever, with tingling in the part about to be affected. Usually, however, the onset is marked by a distinct chill,

followed by rapid rise of temperature, often delirium; during the first twenty-four hours, the locality to be affected, which is generally about the nose, or on the cheek, becomes swollen, from the œdema, it is red and shiny in appearance, with a well developed line of demarcation between the diseased and healthy skin. There is a sensation of tension, and tingling in the part. The swelling, even on the second day, may be so severe as to close the eyes. Vesicles, filled with clear serum, often form on the part; and several vesicles may unite forming one large bulb. About the fifth day the eruption begins to fade, the temperature falls by crisis, and the other symptoms gradually subside. Relapses are very common.

Erysipelas ambulans is when the erysipelas "wanders."

Erysipelas phlegmonous is when the œdema is very great.

Complications. — Septicæmia; albuminuria; ulcerative endocarditis; pneumonia.

Differential Diagnosis.—By paying attention to the development of the disease, and the characteristic appearance of the part, no mistake should occur.

Duration.—From five to seven days.

Prognosis.—Favorable, if there is no complications.

Treatment.—The patient must be isolated. Confine the patient to bed; give frequent sponge baths. It is far better to use no local treatment; but, cloths wrung out of Bichloride of Mercury

solution (1:5000) may be applied to the diseased part; or, Ichthyol, in Collodion, may be applied; or, simply rye flour. *The diet* has to be liquid and nutritious. Stimulants are seldom necessary.

REMEDIES.

Aconite.—* For the initial chill and fever. * The skin is red, shining, hot and swollen; with tingling and burning.

"In phlegmonous erysipelas our first reliance must be on *Aconite*."—*Dr. Hughes*.

Ammonium Carb.—* In old people; with cerebral symptoms.

Apis.—* When the swelling begins about the right eye and spreads to the left. * The parts are at first of a pink color, but soon become purple. * Œdema must always be present. Fever is high, the skin is hot and dry; and rarely any thirst. * When the mouth and fauces are affected. * Burning and stinging pains. Urine dark colored and scanty.

"Preferred if œdema is marked, or the inflamed surface pale."—*Dr. Goodno*.

Arsenicum.—* Great prostration of strength; typhoid symptoms; the parts become dark, with tendency to gangrene.

Belladonna.—* With cerebral irritation; throbbing carotids; injected eyes; jumps and starts in his sleep. * The part is slightly, if at all, swollen; the skin is bright red in color, shiny and smooth. * The pains are violent; particularly with deep throbbing. * No tendency to œdema or to form vesicles.

"In the ordinary smooth variety with active inflammatory changes, *Belladonna* is of undoubted value."—*Dr. Goodno*.

"Almost the only remedy indicated in the red, smooth, phlegmonous variety."—*Dr. Hale*.

"A true picture of phlegmonous erysipelas."—*Dr. Farrington*.

Cantharis.—* Vesicular erysipelas; the vesicles containing an excoriating fluid.

Graphites.—* "Wandering" erysipelas; to eradicate the predisposition to erysipelas; and, after the abuse of Iodine.

"Seems to be the most generally efficient."—*Dr. Goodno.*

Hepar Sulph.—To be given to promote suppuration, if it should threaten.

Rhus Tox.—* Vesicular erysipelas; particularly when it affects the scalp and face. *The erysipelas commences on the left side and goes to the right. *The part is dark red in color; with burning and stinging.

"A perfect picture of vesicular erysipelas."—*Dr. Farrington.*

"Our best remedy for vesicular erysipelas."—*Dr. Laurie.*

DYSENTERY.

Synonyms.—Bloody flux; intestinal flux; colitis.

Definition.—An acute, catarrhal or croupous, inflammation of the mucous membrane of the colon, characterized by fever, bloody stools, and violent tenesmus.

Varieties.—Acute catarrhal; tropical or amœbic; malignant or diphtheric; malarial.

Etiology.—Impure air, bad hygienic surroundings; exposure to atmospheric changes; malaria. The summer and early autumn are predisposing causes. Dysentery is an infectious disease. The discharge of a dysenteric patient having undergone certain changes of decomposition seem to develop a specific dysenteric miasm. The tropical form is excited by the *Amœba coli* (Lösch).

Pathology.—There is hyperæmia and inflammation of the mucous membrane of the colon, with redness and swelling. The swelling of the mucous membrane closes the follicles, which also become swollen from the retention of their contents. Often, some of the capillaries in the walls of the follicles rupture and fills them with blood. The follicles may discharge their contents and form ulcers. In the *amæbic* dysentery we find *amæbæ* in these ulcers. In the *malignant form* there is the formation of a false membrane, which ulcerates and sloughs off.

Symptoms.—Generally ushered in by distinct rigors, followed by fever. Soon there is frequent calls to evacuate the bowels; at first the stools are diarrhœic, but soon change into mucus, or bloody mucus, with the peculiar dysenteric odor. In the *amæbic* form we find the *amæba coli* in the stools; while in the *malignant* form we find the false membrane. The frequency of the stool varies from only a few to forty or fifty, or even more, in the twenty-four hours; the average number being about ten. There is soon developed with the stool a painful bearing-down sensation in the abdomen; it may be so severe as to cause fainting. Also, there may be retention or painful passing of the urine. With these characteristic symptoms there is nausea, vomiting and other gastric symptoms. The patient loses strength, becomes anæmic to the extreme, and in severe cases have typhoid symptoms.

Differential Diagnosis.—*Acute intestinal ca-*

tarrh has no bloody discharges and no tenesmus.

Complications.—Abscess of the liver; peritonitis; typhoid fever.

Duration.—About ten days; but often lasts from three to five weeks. Homœopathic treatment may cut it short in any stage.

Prognosis.—Must be guarded; but if uncomplicated, good.

Treatment.—Place the patient in a large, well ventilated room. Insist upon absolute rest in the recumbent position; use bed pans; and disinfect all discharges as soon as passed. Warm applications over the abdomen, or intestinal irrigation with warm water, or warm water with the white of an egg beaten in it, often proves very soothing to the patient. The diet must be liquid and highly nutritious; going back to solid food very cautiously after the patient is fully convalescent.

REMEDIES.

Aconite.—*At the very commencement; with fever, anxiety, restlessness, and fear of death, knows he is going to die. *The pulse is full and hard. The stools are bloody, slimy, mucous, scant and frequent; with tenesmus.

"In the very beginning, is often able to cut short dysentery, without any other remedy."—*Dr. Bell.*

"If sets in with violent fever, *Acon.* in many cases cures the whole disease in two or three days."—*Dr. Jahr.*

"The main remedy."—*Dr. Lutze.*

Aloes.—*Violent tenesmus. *The stool consists of lumps of mucous, or bloody mucous. *Sense of weakness in the rectum, as if the stool would escape involuntarily. *Weakness and faintness after stool.

Arsenicum. *In the late stage, when there is extreme

prostration; anguish; restlessness; and fear of death. *Violent, burning thirst, drinks little and often. *Rapid and scarcely perceptible pulse. *The stools are dark, watery, frequent and offensive.

Baptisia. As soon as the disease shows a typhoid tendency. *Face dark red, with a besotted look. *Cannot sleep; feels scattered about; tosses about to get himself together. *Sore, bruised feeling over the whole body. *Tongue dry, coated yellow-brown in the centre, with red, shining edges. *The stools are pure blood, very offensive, and often painless.

"Extended clinical observation has proved its value when dysentery assumes the typhoid type."—*Dr. Bell.*

"When the discharges are offensive, and contain blood, and are attended by tenesmus, but with a significant absence of pain, showing an alarming depression of vitality."—*Dr. Farrington.*

Belladonna.—*Flushed face; dilated pupils; throbbing of the carotids. *Head hot, hands and feet cold. *The child is stupid, drowsy; starting; twitching of the muscles during sleep. *The abdomen is very sensitive to touch. The passages are bloody, and frequent.

"Often the only remedy required for severe cases of infantile dysentery."—*Dr. Bell.*

Cantharis.—*Anxious, restless. Violent pains in the abdomen. *Burning in the abdomen. *Stools white or pale reddish mucous, like scrapings of the intestines; bloody mucous. Tenesmus. *Frequent, painful, in effectual desire to urinate. *Retention of the urine.

Capsicum.—*Stools mucous; streaked with blood; expelled with force. *Thirst, drinking causes shuddering. *Tenesmus *after* stool.

Colocynthis.—*Intense cutting, griping, or squeezing in the intestines; aggravated from eating or drinking, relieved by bending double. Stools mucous or bloody.

Ipecacuanha.—*Constant sense of nausea. *Stools bloody; dark, almost black, looking like frothy molasses.

Kali Bich.—*The tongue is dry, red, smooth and cracked. Debility, with desire to lie down. *The stools

are bloody, jelly-like; look like chopped up blood and mucous. *Occurs periodically every year.

Mercurius Cor.—Cold face and hands, with small feeble pulse. Distension and soreness of the pit of the stomach. *Continual urging to stool; with a never-get-done feeling; must strain. *Faint, sickish, colicky pain in the abdomen, ameliorated by the stool, and *prolonged tenesmus after the stool*. *Stool bloody; slimy; containing shreds of mucous membrane; they are scanty and frequent; with continued urging. *Tenesmus vesicæ. *Faintness and weakness.

"The first place."—*Dr. Goodno*.

"Our great remedy * * * an exact similitum to all the essential features of an ordinary attack of dysentery."—*Dr. Hughes*.

"May safely be regarded as a specific remedy for the whole process"—*Dr. Baehr*.

Nux Vom.—*The patient is irritable and desires to be left alone; wants to lie down. The stools are thin, bloody mucous; and with each evacuation of blood and mucous there is a small portion of natural fæces passed (Guernsey). *Severe pain in the back, and tenesmus before stool, *with complete relief after stool*.

Rhus Tox.—*In late stage when dysentery shows tendency to assume the typhoid form. *The patient is restless; wants to constantly change his position. *The tongue is dry and rough, with red edges and triangular red tip. *Excessive craving for milk. *Laborious dreams of excessive bodily exertion. *The stools are thin, bloody, jelly-like mucous; bloody water, like washings of beef.

Sulphur.—*Tendency to relapse; or, when our well-chosen remedies fail to act.

CHOLERA.

Synonyms.—Asiatic cholera; epidemic cholera; *malignant cholera*.

Definition.—An acute, specific, infectious dis-

ease, usually epidemic, caused by the comma bacillus of Koch, and characterized by violent purging of a characteristic "rice-water" fluid, cramps, and symptoms of collapse.

Etiology.—*Exciting Cause*—Comma bacillus of Koch. The bacilli are given off from the body through the bowels; and, contaminating the water used for drinking, finds an entrance into the body.

Intemperance, bad hygienic surroundings, summer season, and old age, are predisposing causes.

Pathology.—There are no characteristic lesions. After death the body will stay warm for quite a while; rigor mortis sets in early; and often there are violent muscular contractions, which may move the corpse. The body will be shrunk-en; the arteries empty, and the veins distended. The intestinal mucous membrane is pale; but, the glands are congested, and swollen, possibly ulcerated; the intestinal track contains "rice water" fluid, and the peculiar bacilli.

Symptoms.—The stage of incubation lasts for several days. The attack has three stages: (1) invasion; (2) collapse; (3) reaction.

Stage of Invasion.—This stage may last for a couple of days; the patient complaining of malaise, headache, weakness; he has several diarrhoeic stools each day, with rumbling in the abdomen, and slight pain.

Stage of Collapse.—This stage lasts from a few hours to several days. The diarrhoea now becomes profuse, frequently gushing, consisting of

the characteristic "rice water" fluid. The body becomes cold and shriveled; the temperature of the axilla, and temperature per rectum varies several degrees. There is violent vomiting; and terrible cramps of the muscles throughout the body.

Stage of Reaction.—The surface temperature rises; the vomiting ceases; the passages from the bowels are not so frequent, and are more natural; the other symptoms gradually disappear; and, convalescence begins.

CHOLERA SICCA.

Sometimes collapse, followed by death, sets in without the characteristic "rice water" discharges; this is called cholera sicca.

CHOLERINE.

When the patient only experiences the first stage, convalescence setting in before the second stage is reached.

Complications.—Pneumonia; pleurisy; nephritis; parotitis; abscesses.

Differential Diagnosis.—Microscopical examination of the stools will decide the diagnosis.

Prognosis.—Must be based upon the character of the prevailing epidemic; and, must always be guarded.

Treatment.—Confine the patient to bed immediately upon the first sign of cholera; better give him no food whatever until the disease is under control; then only nutritious liquid food; ice may be allowed in moderate quantities.

Disinfect all discharges; all bed linen; etc. As soon as patient becomes cold apply artificial heat. Some advise the injection into the rectum of several pints of water.

REMEDIES.

Arsenicum.—*Sudden prostration, with sinking of the vital forces. *Violent vomiting and purging. *Surface of the body cold. internally the patient is very hot, burns like fire. *Great anguish, restless, fear of death. *Thirst, drinks little and often. Dyspnœa. *Suppression of the urine.

"The medicine most trusted in collapse."—*Dr. Hughes.*

"Arsenicum also excites intestinal disease which is almost identical with cholera Asiatica.—*Dr. Farrington.*

"Rapid cases where cholera algida at once sets in without any premonitory symptoms."—*Dr. Baehr.*

Camphora.—*At the commencement. *Onset sudden; and the disease rapidly becomes worse; the patient is at the very onset overwhelmed by the poison, even before the diarrhœa sets in: the skin is cold and blue, yet does not want to be covered; extreme prostration; and perhaps a nausea and vomiting. *Burning in the abdomen; with great anguish.

"Perfectly homœopathic to cholera in the state of invasion."—*Dr. Hughes.*

"It is the first stage that camphor affords instantaneous relief."—*Dr. Hahnemann.*

"A complete photograph of cholera."—*Dr. John Davis.*

"The specific against cholera."—*Dr. Rubini.*

Carbo Veg.—*In the later stages, with symptoms of collapse. *The diarrhœa, vomiting, and cramps have stopped, and the patient lies as if dead; no signs of reaction. The face is pale, the lips blue, body cold, even the breath may be cold; the pulse is hardly perceptible, threadlike; wants to be fanned.

"In the course of the disease when no special medicine is decidedly indicated."—*Dr. Baehr*.

Cuprum Acet.—*When the diarrhœa, vomiting and cramps are severe. *The body is cold; the skin blue; terrible dyspnœa. *Symptoms of paralysis of the organism; gurgling and rumbling in the bowels, particularly when the diarrhœa has stopped. *Cold water relieves the vomiting.

"For the stage of full development."—*Dr. Goodno*.

"Confessedly the best remedy for the choleraic cramps, and for the vomiting also, when this is a prominent feature."—*Dr. Hughes*.

Hydrocyanic Acid.—"The only remedy when, along with pulselessness, the respiration is slow, deep, gasping or difficult and spasmodic, taking place at long intervals, the patient appearing dead in the intermediate time. If any remedy is entitled to be spoken of as a charm, it is this. It would seem at times to restore animation to a corpse."—*Dr. Sircar*.

Jatropha Cur.—Has been recommended for cholera.

Terebinthina.—*Persistent suppression of the urine.

Veratrum Alb—*The attack begins with vomiting, purging and violent cramps. *Terrible weakness, especially after vomiting. *The patient is cold, covered with cold sweat, particularly on the forehead. Pulse small, almost imperceptible. *Thirst for cold water. *Cutting in the abdomen.

"Most important remedy for cholera."—*Dr. Baehr*.

"Fully indicated during the first and second stages."—*Dr. Hale*.

"Cases marked by profuse vomiting and purging, with coldness indeed, but without deadly collapse and lividity."—*Dr. Hughes*.

LEPROSY.

Synonyms.—*Lepræ; Elephantiasis Græcorum.*

Definition.—A chronic infectious disease

caused by the *bacillus lepræ*, characterized by the presence of tubercular nodules in the skin and mucous membranes (tubercular leprosy) or by changes in the nerves (anæsthetic leprosy). At first these forms may be separate, but ultimately both are combined, and in the characteristic tubercular form there are disturbances of sensation (Osler).

Etiology.—The exciting cause is the *bacillus lepræ*. Very little, and nothing definite, is known of its etiology.

Symptoms.—*Tubercular Leprosy.* Here and there over the body patches of erythema appear, these patches are hyperæsthetic and pigmented, soon the patches develop into tubercles, which may ulcerate and form ulcers. The hair falls out; and changes in the throat cause alteration in the voice.

Anæsthetic Leprosy.—Areas of hyperæsthesia, followed by anæsthesia, develop over the body from the disease attacking the nerves. Bullæ may form; the muscles waste away; and a degree of paralysis develops.

Duration.—Years.

Prognosis.—Ultimate recovery almost impossible; though life may be prolonged for a considerable time

Treatment.—Isolate patient. Provide for good hygienic surrounding and nutritious food; and treat symptoms as they arise.

Remedies.—"The principal internal remedies are *Hydrocotyle*, *Hoangnan*, and *Piper Methysticum*."—*Dr. Kippax*.

RABIES.

Synonyms.—Hydrophobia; lyssa; la rage.

Definition.—An acute, infectious disease of animals, caused by a specific poison, as yet unknown, and given to man by inoculation.

Etiology.—Always caused, in man, by direct inoculation.

Symptoms.—*In man.* The stage of incubation varies greatly, from three weeks to six months.

There are three stages.

First Stage, or premonitory stage. The wound generally begins to be irritable; the patient feels depressed; he is excitable, the least noise startles him; swallowing becomes difficult; these symptoms last for several days, when the

Second Stage, or stage of excitement, sets in. There is now decided hyperæsthesia; spasms, particularly of the muscles of the throat, excited by the sight, sound, or thinking of water; the spasm lasts about one-half hour. There is violent and furious delirium, he strikes and bites those around him.

Third Stage, or paralytic stage. This stage seldom lasts over twenty hours. The spasms and delirium subside; the patient lies motionless; the mind becomes clouded; paralysis sets in; and death, from syncope, ends life.

Prognosis.—Very unfavorable.

Treatment.—Immediately upon being bitten have the wound washed out, and cauterized; and

give belladonna, or hydrophobium; or, if preferred, give the "Pasteur treatment."

For the convulsions, give such remedies as seem indicated. Dr. Hering says: "Give *Lachesis*."

REMEDIES.

Belladonna.—The leading remedy for this distressing disease. To be given as soon as the person is bitten; is also an excellent remedy for the spasms.

Arsenicum, Hyoscyamus, Lachesis, Mercurius, Stramonium, and Scutellaria are among the remedies to be studied.

TETANUS.

Synonyms.—Lockjaw; trismus.

Definition.—An acute infectious disease, caused by the bacillus of tetanus, and characterized by paroxysms of tonic convulsions.

Etiology.—The direct cause is the tetanus bacillus, which usually gains an entrance into the body through a wound.

Symptoms.—There are spasms, excited by the least cause, affecting first the muscles of the jaw, neck and back, then the other muscles of the body. Dyspnœa is frequently present. Pain throughout the body is violent; the mind is clear; death usually results from inability to take food.

Prognosis.—Very unfavorable.

Treatment.—Attend to the surgical treatment of the wound.

The patient must be kept quiet and free from all excitement and noise; the room to be darkened, and free from drafts.

It is very important to have the patient well nourished; give highly nutritious, liquid food, administering a small amount of food at a time but give it often. If the spasms affects the muscles of the jaws, causing them to become locked, then have a tooth pulled so as to admit the food, or, give the food *per rectum*.

The lower triturations of *Strychnia*, or *Aconite* in idiopathic cases, seem to have a favorable influence in this disease. But *Arnica*, *Arsenicum*, *Belladonna*, *Cicuta*, *Cuprum*, *Hydrocyanic acid*, *Hyoscyamus*, *Ignatia*, *Lachesis*, *Rhus*, and *Stramonium*, should be studied.

TUBERCULOSIS.

Definition.—An infectious disease, caused by the *bacillus tuberculosis*, the lesions of which are characterized by nodular bodies called tubercles, or diffuse infiltrations of tuberculous tissue which undergo caseation or sclerosis, and may finally ulcerate, or in some situations calcify (*Osler*).

Etiology.—No race of man is spared from this disease; animals, particularly the bovines, are also attacked.

The *predisposing causes* are: any disease which lowers the vitality of the person; hereditary influences; indoor life; bad hygienic surroundings; certain occupations, as, stone cutting, etc.; early adult life; and, an attack of influenza.

The *exciting cause* is the bacillus tuberculosis. This bacillus was first discovered by Koch, in 1882. It is a numb (having a length of about

one-half the diameter of a red corpuscle), rod shaped, immobile bacillus, with rounded ends, slightly curved, and when stained looks beaded. It stains very slowly, but when once stained it resists the action of acids more than any other bacillus, except that of leprosy; it is this characteristic that helps to detect it under the microscope.

The bacillus gains admission into the body through the respiratory track and alimentary canal; direct hereditary transmission is denied by some physicians. The expired air of a tuberculous patient is not infective. But, the bacilli are found in the expectoration, which, when dried, float in the air, and are taken into the lungs; this is the most frequent way that the bacillus finds entrance into the human body. By way of the alimentary canal it is taken in with the food, particularly infected beef, and the drinking of infected milk.

Pathology.—The irritation, from the presence of the bacilli, causes the formation of small grayish nodules known as miliary tubercles.

Miliary tubercles are composed of epithelioid cells, lymphoid or round cells, often, but not always, giant cells, a reticulum, particularly at the periphery of the tubercle, formed from the connective tissue matrix, and the tubercle bacillus.

In the centre of the tubercle, degenerative changes commence, from the blood supply being cut off. The cells lose their outlines and nuclei, and no longer stain; finally there is left a yellowish, structureless, cheesy mass, in which the

bacilli are very abundant. This mass may soften and be discharged through the bronchial tube, and leave behind a cavity; or, it may become encapsulated, and, finally calcified.

The tubercle sometimes undergoes a sclerotic process, becoming hard and firm.

Infiltrating tubercle is a diffuse inflammation, with a collection of non-vascular cells, separated by an ordinary round-cell infiltration which, from the presence of the bacilli, undergoes cheesy degeneration.

ACUTE OR MILIARY TUBERCULOSIS.

Synonyms.—Acute phthisis; galloping consumption.

Definition.—An acute infectious disease, characterized by a scattered eruption of miliary tubercles throughout the body.

Etiology.—The causes are those given under "tuberculosis." There is no known reason why the disease should pursue the rapid course that it does.

Varieties.—(1) General or typhoid; (2) pulmonary; (3) meningeal.

GENERAL OR TYPHOID FORM.

In this form there is a general infection. The patient has all of the symptoms of typhoid fever, except the fever has no regular course. There is great prostration, bronchitis, dyspnoea, cyanosis, and finally coma.

The absence of the characteristic temperature,

eruption, and diarrhœa will serve to differentiate it from typhoid fever.

PULMONARY FORM.

Frequently, in children, develops after measles or whooping cough; or, in those suffering from chronic phthisis. This variety has marked and prominent pulmonary symptoms; and, usually begins as a severe bronchitis. There is chilliness, followed by fever; great prostration; cough, with expectoration; severe dyspnœa; cyanois; enlarged spleen; and, no special physical signs.

Duration.—From one to several months.

Prognosis.—Very few, if any, recoveries.

Treatment.—Must be upon general principles; and treat the symptoms as they arise.

Remedies.—Arsenicum; Calcarea carb.; Iodine; Phosphorus; Theridion.

MENINGEAL FORM

(Tuberculous meningitis; basilar meningitis; acute hydrocephalus; dropsy of the brain) is when the tubercles develop in the membranes of the brain. It more frequently attacks those from two to four years of age, and is generally a part of a general tuberculosis.

Pathology.—The tubercles are found principally in the pia-mater of the base of the brain; and, in the arteries of the sylvian fissure. The lateral ventricles become distended with a serous, or sero-fibrinous fluid; and the convolutions are flattened.

Symptoms.—The child complains of malaise;

loss of appetite; it becomes dull and drowsy; the disposition changes, it is irritable, every noise seems to fret the child. These symptoms may last two weeks before the active symptoms of the disease develop.

The onset may be marked by a chill, or a spasm, followed by a moderate fever. There is always present severe headache and vomiting; the pulse is, at first, very rapid, but soon becomes slow and irregular. The pupils are contracted. The child frequently puts its hands to its head, uttering a shrill cry, the "hydrocephalic cry."

The above symptoms soon change; the violent headache gives way to a stupor; possibly with delirium. The pupils become dilated, sluggish, and, often one pupil is dilated more than the other. The muscles of the face twitch; the head is retracted; the abdominal muscles are contracted, causing the abdomen to become "boat shape." Constipation is obstinate.

Finally the stage of paralysis sets in. Coma deepens; convulsions are often present. The muscles of the back are contracted. The eyeballs are rolled back, showing only the whites of the eyes. The constipation gives way to diarrhœa; and, finally a typhoid condition sets in which usually ends in the patient's death.

Duration.—From one to five or six weeks.

Prognosis.—A very fatal disease.

Treatment.—Put patient to bed; have the room darkened; have no noise, or anything to disturb the sick one. The diet must be liquid and nutritious. Cold water applied to the head,

and shaving the scalp and applying iodoform, have been recommended.

REMEDIES.

Apis.—* Particularly in the first, or irritative stage. * The child is very cross; it cries; bores its head into the pillow; and shrieks out with the pain. * There is squint; grinding of the teeth; twitching of one side, while the other is paralyzed. * The urine is very scant.

"Especially suitable to cases of hydrocephalus."—*Dr. Guernsey.*

"Bears a close resemblance to tubercular meningitis." *Dr. Goodno.*

"One of the best remedies in tubercular meningitis.

* * In some cases, there is a peculiarity of apis, that is slowness of action. Sometimes you will have to wait three or four days before you notice any effects. The favorable action of the remedy is first shown by increased flow of urine."—*Dr. Farrington.*

Apocynum.—* In the stage of effusion. * The head is large; the forehead projects; the fontanelles are open; squinting; sight of one eye is lost, the other slightly sensible; paralysis of one side. Constant motion of one leg and arm. Urine suppressed.

Argentum Nitr.—* Last stage. Recommended by *Dr. Grauvogl.*

Belladonna.—* In the first stage, until effusion sets in. * There is great heat of the body; the face is flushed; the eyes are injected and sparkling; the carotids throb; constantly moans; drowsy; starts and jumps in the sleep; very sensitive to light and noise; bores the head into the pillow.

"The sheet anchor after vomiting sets in; and is the proper medicine as long as effusion keeps off."—*Dr. Hughes.*

Bryonia.—Useful from the first signs of cerebral effusion, until symptoms of paralysis sets in. * The child is very irritable; the face is dark; the lips are dry and parched, and he constantly wets them with his tongue;

constant motion of the jaws as if chewing; nausea and faintness on sitting up.

Calcareo Carb.—*The child is of a leuco-phlegmatic temperament. *The head is large; the fontanelles are open; the face is pale; the abdomen is abnormally large. *The child is sluggish in all its movements; it sweats about its head during sleep. *Terrible screaming without apparent cause. *The urine is strong.

Calcareo Phos.—Must be differentiated from the carbonate. The child is thin, with sunken, flabby abdomen; has dark skin and hair; the *carbonate* prefers those of light complexion and hair.

Cuprum.—*In the stage of effusion. *When cramps and spasms are prominent symptoms. *Irregular pulse.

Helleborus.—After the exudation has set in. *The patient is unconscious; rolls his head from side to side; starts and screams. The lower jaw sinks down; the forehead is in folds, and bathed in a cold sweat. *Automatic motion of one arm and one leg. The pupils are dilated; and, there is strabismus. *Desire for cold water. *Urine scanty and dark with coffee-ground sediment; or, entirely suppressed.

"Cases in which apathy is the prominent feature."—*Dr. Goodno.*

Iodine.—Mentioned by Dr. Jousset as a remedy for the incipient stage.

Iodoform.—"Stands at the head. This drug has in several instances produced symptoms indistinguishable from meningitis."—*Dr. Goodno.*

Opium.—*Coma, with stertorous breathing.

Sulphur.—On general principles.

Zincum.—Threatened paralysis of the brain.

PULMONARY TUBERCULOSIS.

Synonyms. — Phthisis pulmonalis; phthisis; consumption,

Varieties. — (1) Acute pneumonic phthisis; (2) chronic phthisis; (3) fibroid phthisis.

ACUTE PNEUMONIC PHTHISIS.

Definition.—That form of pulmonary tuberculosis, which is characterized by areas of consolidation in the lung, which areas, from the action of the bacilli, undergo caseous degeneration, softening, ulceration, and excavation, leaving cavities in the lung.

Pathology.—There are areas of consolidation, varying in size, caused by the accompanying pneumonia, or broncho-pneumonia. These areas are usually more in one lung than the other; and, as a rule, near the apex of the lung, and extend toward the base of the lung. Owing to the presence of the bacillus these areas instead of undergoing the ordinary fatty degeneration, undergo caseous degeneration, softening, ulceration, and excavation, forming cavities in the lung.

Symptoms.—The disease sets in as a pneumonia, or a broncho-pneumonia, which seems to run its regular course, until the time for the crisis, when, instead of the crisis, the patient becomes worse, the temperature rises and becomes irregular, the loss of strength is marked, there are night sweats, dyspnœa, severe cough with profuse muco-purulent expectoration, which is often blood-streaked. Microscopical examination of the sputum will show elastic fibres and tubercle bacilli.

CHRONIC (ULCERATIVE) PHTHISIS.

Definition.—That form of pulmonary tuberculosis, which is characterized by deposition of

tubercle in the lung, the tubercles undergoing softening and ulceration.

Pathology.—The tubercle, with the different degenerations it undergoes, has been described in the first part of the chapter. In chronic ulcerative phthisis we find in the lung, tubercles, both the nodular and infiltrating forms, tubercles which have undergone caseous degeneration and softening, cavities, and pneumonic areas. The tubercles, at first, are found in the upper lobe of the lung, near the apex, but soon extended downward. There is nearly always a chronic pleurisy associated with this form of phthisis.

Symptoms.—The disease has no regular mode of onset. Gastric irritability, anæmia, and emaciation, followed by a slow fever and increased pulse, pains in the chest, dry hacking cough, and hæmoptysis, are the symptoms generally found during the developing stage of the tubercle.

Soon the cough becomes loose, with muco-purulent expectoration; the expectoration under the microscope will be found to contain elastic fibres and the bacilli; the fever becomes very irregular; hectic; night sweats; dyspnœa; these symptoms appear when the tubercle has undergone softening,

The above symptoms increase; the emaciation marked; there is œdema of the feet; and other signs of failing circulation; and the patient grows worse day by day until finally death closes the scene.

Physical Examination. — *Inspection.* — The chest is long and narrow, with wide intercostal

spaces; or, the chest may be flattened; the scapulæ project; and, the respiratory movements are limited.

Palpation.—Diminished respiratory movement; increased vocal fremitus.

Percussion.—Dullness, particularly upon and above the clavicles. Tympany, and “cracked-pot” resonance denote cavities.

Auscultation.—(1) Feebleness of the respiratory sounds; (2) prolonged expiration; (3) harshness or roughness of respiration; (4) clogged-wheel breathing; (5) râles; (6) signs associated with cavities; (7) signs relative to the pleura.

Complications.—Diseases of other organs from the irritation of the bacilli.

Prognosis.—Unfavorable; but, life may be prolonged by proper medication, and change of climate, etc.

FIBROID PHTHISIS.

This form is clinically identical with interstitial pneumonia, to which the reader is referred.

Diagnosis.—The diagnosis of phthisis must be based upon the physical signs, and upon the microscopical examination of the expectoration.

Prognosis.—Must always be guarded.

Duration.—Average about four years.

Treatment.—Disinfect all expectorations. Have the patient removed to a dry, cool atmosphere, where there is little rainfall, and no sudden changes in temperature; as a rule, an elevation

of about 2,000 feet is beneficial. Have the patient wear flannel next to the skin. Let the patient practically live out doors; practice deep breathing; and take daily walks or rides, except in bad weather. Take sponge baths several times a week.

Diet.—Above all things guard against stomach trouble. The diet must be nutritious, and easy of digestion; milk and buttermilk are excellent articles of food for consumptives. The patient must take fat in some form, cod liver oil answering the purpose. Alcoholic stimulants should not be used, unless absolutely necessary.

Remedies.—Ammonium carb.; Arsenicum; Belladonna; *Calcaria carb.*; *Calcaria phos.*; Carbo veg.; China; *Conium*; *Drosera*; *Ferrum*; *Codine*; Kali hyd.; *Kreosote*; *Lycopodium*; Mercurius; Nitric acid; *Phosphorus*; *Pulsatilla*; *Rhus tox.*; *Sanguinaria*; *Sepia*; *Silicea*; *Stannum*; Sulphur.

CONSTITUTIONAL DISEASES.

RHEUMATIC FEVER.

Synonyms.—Inflammatory rheumatism; acute articular rheumatism.

Definition.—An acute, constitutional disease, characterized by fever, inflammation and swelling of one or more joints of the body.

Etiology.—The *exciting cause* is still unknown. The *predisposing causes* are: exposure to atmospheric changes; having had a previous attack; hereditary; spring season; occupation which exposes one to cold and wet; adult life; and, male sex.

Pathology.—There are no characteristic lesions. Inflammation of the affected joint, with swelling of the synovial membrane; and, the synovial sack is filled with turbid albuminous fluid. The blood has an excess of febrin.

Symptoms.—Onset usually sudden with chilliness, rapid rise in temperature, often reaching 104° F. during the first day, with pain and tenderness of some joint, generally the large joints are the ones affected first. Symptoms of gastric disturbance are present. The joint is red, painful, and swollen; the disease has a tendency to go from joint to joint; it will subdue in one joint while growing worse in another. There is

a sour, acid sweat. The urine is diminished, high colored, very acid, and contains an excess of urates. The heart is very liable to inflammation.

Complications.—Inflammation of the heart; pleurisy; meningitis.

Differential Diagnosis.—*Gonorrhœal rheumatism* has not the high fever; nor are so many joints affected; nor does it have the sour sweats; but, it has the history of gonorrhœa.

Gout has not the high fever, nor the heart complications.

Duration.—Uncomplicated cases last from one to three weeks.

Prognosis.—Uncomplicated cases rarely prove fatal.

Treatment.—The patient must be confined to bed, between blankets, in order to avoid changes in temperature; have room well ventilated, but avoid draughts. The affected part enclosed in cotton; or, hot fomentations applied, will sometimes relieve the pain. The heart must be watched from the first. May give warm baths, but must be careful not to chill the patient. The *diet* must be liquid and nutritious; milk is the best food. Encourage the drinking of water; small quantities of lemonade are harmless; barley water is good to quench the thirst. Broths may be given. But, meats and stimulants must not be given.

REMEDIES.

Aconite.—* The medicine to be given when the fever is high, with dry skin, and a frequent, hard and full pulse.

*The patient is irritable, anxious, and restless; tosses about, and knows he is going to die. Great thirst.

*The joint is swollen, red and very sensitive; there are shooting and tearing pains in the joint; worse at night.

"The main remedy."—*Dr. Baehr.*

"The first remedy."—*Dr. Lutze.*

"Favorite remedy in the beginning of acute attacks."
—*Dr. Hale.*

"Homœopathic, not only to the fever, but also to the local affections induced by the rheumatic poison."—*Dr. Hughes.*

Actea Race.—* In females with uterine trouble.

Arnica.—* Bruised feeling, as if lying on something hard; as if the diseased part were resting on a hard board.

*The joint is hard, swollen and red; with soreness, and bruised feeling; with great fear of being touched, or even the possibility of being touched; there is numbness and lameness of the joint.

Arsenicum.—* In tedious cases, when the patient becomes weak and exhausted. *Relief from external warmth. *Thirst for small quantities of water frequently.

Belladonna.—When the fever is high with tendency to cerebral irritation. *The fever is high, with dry hot skin, thirst, and throbbing of the carotids. *The joint is swollen, red and shiny; with tearing, shooting pains. *The pains come and go quickly.

Bryonia.—* To follow aconite, when the fever is not as high, but the local inflammation is intense. *The patient is irritable, does not want to be spoken to. *The pulse is full and strong. *The part is hot, pale or dark red; with stitching or tearing pains, aggravated from motion. *He wants to remain perfectly quiet, the least motion aggravates. *There is a sour sweat. (If bryonia fails to help, study *Cantharis*.)

Caulophyllum.—"Especially suited to rheumatism of the phalangeal and metacarpal joints, particularly in females."—*Dr. Farrington.*

Mercurius.—* When the inflammation is obstinate in one joint. *The patient is worse from the warmth of

the bed. *The joint is not much swollen, or a sort of puffy swelling, but it is very red and painful. *The pains are worse at night, particularly about midnight and toward morning. *Profuse sweats, without relief.

"The more frequent relapses set in, he more especially is mercurius indicated."—*Dr. Bachr.*

Pulsatilla.—*Sub-acute cases. Very little, if any fever. The patient is chilly, yet heat makes him worse, wants the open air. *Wandering rheumatism, the pains rapidly shift from part to part. *There is little swelling or redness. *Worse in the evening.

"The chief indication for its use is the flying character of the inflammation, going from one joint to another, the pale redness of the swelling and the slight fever."—*Dr. Hale.*

Rhus Tox.—*Especially when caused from exposure to wet. *The patient is very restless, must constantly move, it relieves him. The parts are red and swollen; with drawing and tearing pains. *Paralytic weakness or trembling of the limbs, when attempting to move them. External warmth relieves.

Sulphur.—"To prevent the lingering of convalescence, or the passing of the disease into a chronic form."—*Dr. Hughes.*

CHRONIC RHEUMATISM.

Etiology.—This form of rheumatism, as a rule, commences as a chronic affection; seldom results from acute rheumatism. Comes on in elderly persons, those poorly nourished, and those who are constantly exposed to the weather.

Pathology.—The movement of the joint is restricted from the thickening of the tendons and ligaments; and the muscles around the joint; atrophy.

Symptoms.—The general health may not be

impaired. The disease usually attacks several joints; they become painful and stiff; seldom have redness and swelling. The pains are worse in the morning, but become better after moving around; they are also aggravated before stormy weather. The joints may become ankylosed.

Prognosis.—Perfect cure is rare; but medicines will give great relief.

Treatment.—Let patient, if possible, remove to a dry climate; regulate his diet; let him wear flannel underwear; massage may be tried.

Remedies.—Bryonia; China; Chelidonia; Dulcamaria; Colchicum; Ferrum; Hamamelis; Kali Hyd.; Kali bich.; Ledum; Lycopodium; Mercurius; Nux vom.; Phytolacca; Pulsatilla; Rhododendron; Rhus tox; Sulphur; Thuya; Veratrum alb.

MUSCULAR RHEUMATISM.

Synonym.—Myalgia.

Definition.—A disease affecting the voluntary muscles, causing pain, tenderness and stiffness of the part.

Etiology.—Any of the causes of acute rheumatism; but, exposure to atmospheric changes is its main cause.

Symptoms.—All the symptoms are local; there is intense pain in the affected muscle, the part becomes stiff. The pain may or may not be constant.

Varieties.—*Lumbago.* — The most frequent form. The disease attacks the muscles of the lumbar region.

Torticollis.—(Wry or stiff neck).—When the disease attacks the sterno-mastoid muscles, The head is usually inclined to one side.

Pleurodynia.—When the disease is in the intercostal muscles; usually on the left side.

There are other forms, but the above are the most important.

Prognosis.—With careful attention, the disease may be eradicated from the system.

Treatment.—Rest of the affected part. Adhesive straps may be applied to the chest in pleurodynia.

Remedies.—Consult rheumatism.

ARTHRITIS DEFORMANS.

Synonyms.—Rheumatoid arthritis; rheumatic gout.

Definition.—A chronic, progressive disease, without constitutional symptoms, characterized by partial destruction and deformities of the joints.

Etiology.—The *exciting cause* is unknown. The *predisposing causes* are: Middle life; female sex; continued mental worry; and, possibly hereditary.

Pathology.—The cartilaginous articular ends of the bones become soft, thinned and finally absorbed, this leaves the ends of the bones bare, which become hard and smooth. The sides of the bone have nodules developed upon them which causes the bone to become rough and irregular. The ligaments about the joint are thickened.

The joint often becomes greatly deformed, and, immovable.

Symptoms.—The disease is either acute or chronic.

Acute Form.—In the acute form there is fever, with possibly redness of the joints; usually several joints are affected.

Chronic Form.—The metacarpo-phalangeal joints are the first joints to be attacked; but, the disease travels from joint to joint. The affected joint is swollen, and stiff; they creak on being moved. The muscles about the joint atrophy, which, together with the atrophy of cartilages above referred to, and the nodular growth, deform the joint considerably.

Differential Diagnosis.—*Gout* has chalky deposits in the joints; and uric acid in the urine.

Chronic rheumatism as a rule first attacks the large joints, and does not travel from joint to joint as does rheumatic arthritis.

Prognosis.—Absolute cure improbable. The disease may, however, be stayed for quite a time; its tendency is to steadily progress in paroxysms.

Treatment.—Must be symptomatic.

GOUT.

Synonym.—Podoglia.

Definition.—A constitutional disease, somewhat resembling rheumatism, characterized by the presence of uric acid in the blood, and the deposit of urate of soda in and about the joint.

Etiology.—The *predisposing causes* are: Adult

life; male sex; hereditary; excessive indulgence in malt liquors; excessive eating, particularly the excessive eating of meats; and, working in lead.

Pathology.—Gout usually commences in the great toe. The process consists of chalky deposits (urate of soda), not only upon, but in, the articular cartilages; in advanced cases these deposits occur in the parts about the joint. These deposits cause the joint to inflame and swell; the joint soon becomes quite deformed and stiffened, finally anchylosed. The blood contains uric acid; an interstitial nephritis develops; and a certain degree of artero-sclerosis, with the resulting hypertrophy of the left ventricle, will be found.

Varieties.—Acute and chronic.

Symptoms.—*Acute Gout.*—An attack of acute gout is preceded by constitutional symptoms as: Malaise, dyspepsia, headache, etc. The attack begins, as a rule, in the night toward morning. The first symptom is excruciating pain in the great toe, usually on the right foot; the symptoms resemble rheumatism; there is some fever, swelling, redness, and tenderness of the affected joint. The symptoms subdue somewhat by morning, and are seldom present during the day, but commence again the following night. The attack usually lasts some five days.

Chronic Gout.—The onset is slow, joint after joint is gradually involved; the chalky deposits gradually appear, deforming the joint and causing it to become stiff. The disease attacks the feet *first*, then the hands. There are few, if any, constitutional symptoms. Interstitial nephritis

develops causing the urine to become copious, pale, of a low specific gravity, and containing albumen and hyaline casts. Arterio-sclerosis and its train of symptoms are also present.

Complications.—Interstitial nephritis; artero-sclerosis, with hypertrophy of the heart; chronic bronchitis.

Differential Diagnosis.—Attention to its mode of onset, and symptoms of the attack, should prevent making a wrong diagnosis.

Prognosis.—The prognosis is usually based upon the condition of the kidneys and circulative organs.

Treatment.—During an acute attack the joint may be wrapped in cotton; hot fomentations may be applied.

A person subject to gout should wear flannel underwear; take regular exercise; live out of doors as much as possible; see that the skin is kept active, Turkish baths are beneficial; regulate the diet; the diet should consist mainly of fruits, vegetables, and farinaceous articles; avoiding starches and saccharine articles; positively no liquors. Fish, eggs and oysters are allowable.

Remedies.—*Acute Attacks.*—Aconite; Arnica; Belladonna; Bryonia; China; Ferrum; Mercurius; Nux vom.; Pulsatilla; Rhus tox.; Sabina.

Chronic Cases.—Ammonium phos.; Arnica; Argentum nitr.; Calcarea carb.; Causticum; Colchicum; Colocynthis; Iodium; Ledum; Mercurius; Mezereum; Phosphoric acid; Rhododendron; Rhus tox.; Sulphur.

DIABETES MELLITUS.

Synonym.—Glycosuria.

Definition.—A disorder of nutrition, characterized by the constant presence of sugar in the urine, associated with progressive loss of strength and flesh.

Etiology.—Hereditary; adult life; male sex; prolonged mental anxiety; and, dietetic errors; are predisposing causes.

Pathology.—No characteristic lesions. There are several theories: One, that it is due to pancreatic trouble; another, that it is due to certain vaso-motor disturbances, coming from the sympathetic nervous system.

Symptoms.—Cases vary greatly in their symptoms; but, headache, malaise, an unquenchable thirst, and frequent urination are the first symptoms to direct our attention to diabetes. Despite the good appetite the patient constantly loses flesh; the skin is harsh and dry, itching, particularly about the genitalia, is very annoying; and dyspeptic symptoms are present; but, examination of the urine will be the crucial test.

The urine is greatly increased, pale in color, of a sweetish odor, the sp. gr. is high, from 1.025 to 1.050; and upon chemical examination sugar will be found.

Sequelæ.—Phthisis; gangrene; defective vision; and, skin troubles.

Differential Diagnosis.—A careful examination of the urine will prevent mistakes being made.

Duration.—Years.

Prognosis.—Cure is rare; although life may be prolonged for years.

Treatment.—The patient should be warmly clad in flannels; his skin should be kept active: should have no worry; moderate out door exercise is beneficial. Regulation of the diet is very important. The starchy and saccharine articles must be prohibited; a milk diet is often very beneficial.

Food allowable.—*Vegetables.*—All green vegetables.

Meats.—Of all kinds; fish; poultry; oysters; eggs.

Fruits.—Acid fruits.

Bread.—That made from gluten or bran flour.

Drinks.—Water; milk; buttermilk; dry wines; plenty of soft water; lemonade; coffee, without sugar.

Remedies.—Argentum nitr.; Arsenicum; Helonias; Natrum mur.; *Phosphoric acid*; Plumbum; Terebinthina; *Uranium nitr.*

DIABETES INSIPIDUS.

Synonym.—Polyuria.

Definition.—A chronic affection characterized by the excretion of enormous amounts of pale urine, of low specific gravity, and free from sugar and albumen.

Etiology.—The predisposing causes are: Early adult life; male sex; hereditary; emotions.

Pathology.—No definite lesions. The excessive flow of urine is probably due to paralysis

of the muscular coat of the renal vessels, resulting in their dilatation.

Symptoms.—The main symptom is the passage of large amounts of pale, clear urine, of low specific gravity, 1002 to 1005, free from sugar and albumen. There are some general symptoms, such as malaise, headache, thirst, etc.

Differential Diagnosis.—The diagnosis must be based upon the examination of the urine.

Duration.—Indefinite.

Prognosis.—Very few cases are cured.

Treatment.—Hygienic and dietetic treatment same as for diabetes mellitus.

Remedies.—Compare those given for diabetes mellitus.

TRICHINOSIS.

Synonyms.—*Trichinæ*; *trichinæ spiralis*.

Definition.—A train of symptoms due to the presence of the *trichinæ* in the structures of the body.

Etiology.—*Trichinæ* are small worms found in the hog. Infected meat is eaten by a person, the worm is freed in the stomach, they migrate to the muscles, and are soon encapsulated.

Symptoms.—The general symptoms are those of gastro-intestinal irritation, with typhoid symptoms.

Treatment.—If the infected meat has been eaten only some couple of days give a purgative. The treatment must be general.

Remedies.—Compare those given for typhoid fever.

LITHÆMIA.

Synonyms.—Lithiasis; Lithic-acid diathesis; uric-acid diathesis; latent gout.

Definition.—A constitutional disease, caused by the presence of lithic or uric acid in the fluids of the body, and characterized by dyspepsia and various nervous symptoms.

Etiology. — Indigestion; sedentary life; constant mental worry; errors of diet.

Pathology. — The nitrogenous products, instead of being converted into soluble urea, are, from some fault in assimilation, converted into insoluble lithic or uric acid; in some way the presence, in the fluids of the body, of these products of imperfect oxidation affect the nervous system.

Symptoms. — There is dyspepsia; headache; vertigo; and various nervous symptoms; but, the chief symptoms are found in the urinary organs. The urine is scanty, high-colored, high specific gravity, and contains an excess of uric acid, which may be combined with ammonium and sodium forming acid urates, or, may occur in the urine in the form of brick dust sediment. This causes the urine to become irritative, so we have various symptoms, such as pain after urinating, pain in the region of the kidneys, etc.

Prognosis.—Good.

Treatment.—The mode of life must be regulated; walks, and moderate exercise are beneficial. Daily baths to keep skin active. Regulate diet; and restrict the amount eaten; let diet

be mainly vegetables; no stimulants; drink plenty of water.

Consult remedies given for dyspepsia.

Remedies.—Argentum nitr.; *Berberis*, Chelidonium; China; *Locopodium*; Natrum mur.; Phosphorus; *Sepia*; Spigelia; Sulphur.

Thapsi bursa pastoris is almost specific for the hemorrhage occurring from lithæmia.—*Dr. Hale*.

DISEASES OF THE NERVOUS SYSTEM.

Diseases of the Cerebral Membranes.

PACHYMENINGITIS.

Definition. — An inflammation of the dura mater.

Varieties. — There are two varieties: (1) *Pachymeningitis externa* when the inflammation involves the outer layer of the dura mater, or the layer which serves as a periosteal covering of the cranial bones; (2) *pachymeningitis interna* when the internal layer of the dura mater is involved.

Etiology. — *Pachymeningitis externa* is always a secondary disease; as a rule, resulting from wounds of the skull.

Pachymeningitis interna also often comes from injuries to the skull. Chronic otitis; suppurative inflammation of the orbit; syphilis; erysipelas; chronic alcoholism; and, Bright's disease; are among its causes.

Pathology. — *Pachymeningitis externa*. — The external layer of the dura mater is hyperæmic, it softens, and is covered with ecchymotic points. The membrane finally becomes thickened from

new connective tissue which causes it to adhere to the cranial bones. There may be a purulent inflammation, in which case the membrane is thin, soft and pus forms.

Pachymeningitis interna.—Here it is the internal layer of the dura mater that is inflamed. In chronic cases there is a new layer of organized tissue covering the dura. There are three forms of this trouble: (1) Pseudo-membraneous; (2) purulent; (3) hemorrhagic.

Symptoms.—There are no characteristic symptoms. Headache, dizziness, photophobia, delirium, etc., following diseases of the internal ear, or injuries to the scalp, will lead us to suspect this trouble.

Treatment.—A surgical disease. Trephining is usually necessary. Treatment must be symptomatic.

ACUTE MENINGITIS.

Synonyms.—Acute leptomeningitis; arachnitis; cerebral fever.

Definition.—An acute, non-specific inflammation of the pia mater.

Etiology.—Sometimes idiopathic; but, as a rule, it follows injuries to the head. It occurs more frequently in early adult life; and, in the male sex. Frequently excited by acute alcoholism, pneumonia, ulcerative endocarditis, Bright's disease, and, rheumatism; often occurs during the course of infectious diseases, as: whooping cough, *erysipelas*, scarlet fever, measles, etc.

Pathology.—The inflammation is generally

confined to the convexity, but sometimes involves the base. The membranes are red, thickened, and lose their glistening appearance; the blood vessels are injected; and, there is an exudation of a serous, or sero-purulent fluid.

Symptoms.—The onset is marked by a moderate fever, irregular in character; severe and persistent headache; projectile vomiting; and, delirium. There is vertigo; photophobia; twitching of the muscles; and, jerking of the limbs. Soon however the stage of depression sets in; the patient becomes quiet, the delirium gives place to stupor and coma; the pulse is now slow and intermittent; the bowels and bladder move involuntarily; and finally the patient dies in spasms or coma.

Prognosis.—Unfavorable.

Treatment.—Put patient to bed; have the room well ventilated, quiet, and darkened. Relieve the bowels by enemata, if constipation sets in. Often advisable to shave the head; and, possibly apply cold applications. The diet must be liquid.

Arnica should be given if caused by traumatism; otherwise *Belladonna* is usually indicated in the beginning, with fever, delirium, headache, and symptoms of congestion to the head, until symptoms of effusion occur, when *Bryonia* come in, the face is now suffused, and there are tearing, shooting pains in the head; when convulsions set in *Cuprum* is indicated.

For remedies and their indications see those given for the meningeal form of acute tuberculosis.

Diseases of the Cerebrum

CONGESTION OF THE BRAIN.

Synonyms. — Cerebral hyperæmia; cerebral congestion.

Definition. — An abnormal increase in the amount of blood within the capillaries of the brain.

Varieties.—Active and passive.

Etiology.—*Active hyperæmia* is caused by violent action of the heart, as in fevers, etc., in certain gastric troubles, use of alcohol, and nitroglycerine.

Passive hyperæmia occurs from some obstruction to the return circulation of the brain, such as the pressure of tumors, certain heart and lung disease.

Symptoms.—*Active hyperæmia* has headache, restlessness, the eyes glistens and are often injected; the carotid arteries throb; the face is red and often bloated; and there may, or may not, be delirium.

Passive hyperæmia may have no symptoms peculiar to itself; but a constant dull headache, with an irritable disposition, and a confused feeling in the head, are generally presents.

Prognosis.—Acute cases are cured; passive form must be based upon the cause.

Treatment.—Put patient to bed; avoid all excitement; and a liquid diet.

Belladonna is the remedy in the majority of cases; but, Aconite, Veratrum vir., and Glonoine, may be called for.

The treatment for *passive hyperæmia* must be based upon the cause.

CEREBRAL ANÆMIA.

Definition.—An abnormal decrease in the amount of blood within the capillaries of the brain; *general* when the blood supply is diminished to all the vessels; or *partial* when limited to some particular vessel.

Etiology.—From general anæmia; hemorrhages; heart disease; or from mechanical interference with the cerebral circulation. Partial cerebral anæmia is generally due to thrombi or emboli.

Symptoms.—The anæmia may be either acute or chronic.

Acute anæmia usually follows hemorrhages, sudden mental emotion, etc. Its symptoms are: dizziness, dimness of vision, oppression of the chest, ringing in the ears, and, finally fainting.

Chronic anæmia comes with dull headache, heaviness in the head, indisposition to work, sensitiveness to light and noise, dilated pupils, and, generally melancholia.

Treatment.—*Acute form.*—Place patient in horizontal position; friction to body; stimulants; and, possibly the transfusion of blood.

Chronic form.—The treatment must be based upon the cause.

Remedies. — Arsenicum; Calcareo phos.; *China*; Ferrum; Phosphoric acid.

CEREBRAL THROMBOSIS AND EMBOLISM.

Etiology.—*Cerebral Thrombi* are clots which form in the cerebral vessels, and obstruct the blood circulation. They are caused from any condition that slows the blood current.

Cerebral emboli are clots formed in some portion of the body, and carried, by the blood current, to the brain. They may be carried to any artery, but they are generally carried to the left middle cerebral artery. They are, as a rule, formed in the heart, during an attack of endocarditis.

Pathology.—The secondary changes following a thrombus and those following an embolus are the same. The direct result is anæmia of that portion of the brain supplied by the vessel which is plugged by the deposit. This anæmia is followed by softening of the brain substance, which may be absorbed leaving a scar, or it may remain unchanged, or may form a cyst. Suppuration will result if the embolus comes from some infective area, as ulcerative endocarditis.

Symptoms.—They vary greatly, depending upon the vessel affected. The symptoms following an attack are similar to those of cerebral softening.

Differential Diagnosis.—A positive diagnosis can seldom be given.

Prognosis.—Perfect recovery is rare.

Treatment.—No special treatment.

CEREBRAL SOFTENING.

Synonym.—Softening of the brain.

Definition.—A degeneration of the brain-substance, usually involving only the white matter.

Etiology.—Local softening results from emboli or thrombi. But, general softening is usually from age, chronic alcoholism, or syphilis.

Pathology.—The affected portion of the brain becomes whiter than normal, or, from extravasation of blood, it may be red. As the degeneration progresses the parts are infiltrated with serum, they become soft, and the nerve-elements are destroyed. Inflammation may set up in the softened areas. Or, the softened parts may remain unchanged, or, may form into cysts.

Symptoms.—There are no special symptoms; and of necessity the symptoms vary greatly. Failing memory, vertigo, headaches, etc., are present. Paralytic symptoms are often observed.

Prognosis.—A progressive disease when the softening is general.

Treatment.—Based upon general principles.

Phosphorus is recommended by several authorities as a remedy for this disease.

CEREBRAL APOPLEXY.

Synonym.—Cerebral hemorrhage.

Definition.—The rupture of a cerebral vessel, with escape of blood into the cerebral substance.

Etiology.—Any disease that leads to degeneration of the arteries, as Bright's disease, rheumatism, gout, chronic alcoholism, etc. Age is an important factor, rare in those under forty. Hereditary seems to play a part. The immediate cause is frequently some sudden excitement, an emotion.

Pathology.—The rupture of the blood vessel, which is frequently the middle cerebral, is generally preceded by a miliary aneurism. The amount of blood escaping varies greatly; it forms a clot, composed of coagulated blood and disintegrated brain substance, from the size of a pin head to one filling a whole hemisphere. The clot at first is quite dark, but, soon changes color, and may finally become nearly yellow. Inflammation is often set up in the brain substance around the clot; and a wall is formed confining it. The clot may be entirely absorbed, the new connective tissue wall contracting, and leaving only a scar; or, there may be a cyst, containing a clear straw colored fluid formed.

Symptoms.—Prodromal symptoms, such as headache, dizziness, etc., may be present; but, usually the patient is suddenly stricken down unconscious; with a flushed, swollen face; injected eyes; pupils dilated, and often irregularly dilated; stertorous breathing; often a sub-normal temperature; and a full, slow pulse. In severe cases the patient soon sinks into a deep coma, which may prove fatal in a very short time. In cases not immediately fatal the patient regains consciousness, after a certain time varying from a few

minutes to several days; there is now pains in the head, delirium, fever, and hemiplegia. The paralysis may disappear in very light cases, but, usually there is some permanent impairment of function.

Differential Diagnosis.—*Stupor from Alcohol.*—The coma is not so profound as in apoplexy, and the patient can be aroused; there is no stertorous breathing; and, the pulse is feeble, while in apoplexy it is full and slow.

Opium Poisoning.—The coma comes on gradually; the pupils are contracted; and the pulse and respiration are very slow.

Prognosis.—Always grave.

Treatment. — *Prophylaxis.* — Those who are subject to this disease, should avoid all excitement and emotion; no excesses; their diet must be simple, but nutritious; and no stimulant or highly seasoned food should be taken.

The attack.—When a person is stricken down with apoplexy, have him removed to a quiet, cool place, where plenty of fresh air is obtainable; loosen all clothes, particularly about the neck; have the head and shoulders elevated, and let him lie on the paralyzed side; heat may be applied to the extremities and possibly the head; although, ice is usually recommended for the head. Above all let the patient have *absolute rest*, do not bother him trying to arouse him, or bother him in any other way.

The diet must be light and nutritious; animal food is harmful; and highly seasoned food and stimulants are positively forbidden.

REMEDIES.

Aconite.—*To be given immediately, if there is great arterial excitement; the pulse is hard, strong, bounding.

*Cases occurring in persons of a plethoric habit.

"Almost certainly have a beneficial effect."—*Dr. Bartlett.*

"The first remedy to be employed in sudden and violent attacks."—*Dr. Small.*

Arnica.—*The best medicine to give, after the acute symptoms have been relieved, to promote the re-absorption of the effused blood. *The pulse is full and strong. *Severe aching soreness throughout the body. *Head hot, while the rest of the body is cool. *Involuntary discharges from both bladder and rectum. *Paralysis, particularly on the left side.

"Occupies the first rank as a medicine to accelerate the absorption of the apoplectic effusion."—*Dr. Baehr.*

Baryta Carb.—*In old persons. *For the paralysis, particularly when the tongue is implicated, remaining after an attack, particularly in elderly persons; they become childish. Paralysis on right side. It assists in its (the clot) absorption and the removal of the consequences of the pressure (*Dr. Hale*).

Belladonna.—*At the very commencement, when there are symptoms of cerebral congestion. *Face swollen, bloated, and red in color; the eyes are injected; pupils dilated; throbbing of the carotid and temporal arteries. *Drowsiness; complete loss of consciousness.

"My first resource is always to belladonna if the consciousness is entirely suspended."—*Dr. Jahr.*

"Scarcely one case of apoplexy where this remedy is not suitable, and sometimes has a magic effect."—*Dr. Baehr.*

Glonoine.—"Cases in which the arterial tension is high and there is co-existing kidney disease."—*Dr. Bartlett.*

Hyoscyamus.—*If with involuntary evacuation from the bowels and bladder.

"Almost specific for these symptoms."—*Dr. Jahr.*

Nux Vom.—* For the prodromic symptoms; particularly in those of sedentary habits, or those who abuse stimulants.

Opium.—* Early in the attack; the patient lies in a profound stupor, cannot be aroused; the lower jaw is depressed; the eyes are half open, the pupils are dilated or contracted; the face is bloated and dark red in color; there is stertorous breathing, and, a full, slow pulse.

"If the patient *continually grasp at their heads*, I rely especially upon opium."—*Dr. Jahr*.

"A most important remedy in almost all severe attacks."—*Dr. Laurie*.

"Opium is to be thought of by the color of the face, by the stertorous breathing, and by tetanic rigidity of the body."—*Dr. Farrington*.

Sulphur.—To promote absorption of the clot.

"Comes into play where the action of arnica terminates."—*Dr. Bachr*.

For the paralysis remaining after an attack of apoplexy: Causticum; Cuprum; Cocculus; Plumbum; Zinc.

Electricity and massage may be tried; but not until all symptoms of irritation have disappeared.

CEREBRAL ABSCESS.

Synonym.—Suppurative encephalitis.

Definition.—A suppurative inflammation of the brain substance.

Etiology.—Nearly always a secondary disease. Due to extension of inflammation from near parts, or, from suppurative inflammation in distant parts; or, from traumatism.

Varieties.—(1) *Primary*; (2) *secondary*.

Pathology.—One or more abscesses may form; in size they also vary greatly. Acute abscesses are generally diffuse; while chronic abscess are encapsulated. The tissues about an abscess are *soft and infiltrated*.

Symptoms.—*Acute cases* come on with rigors, fever, vomiting, and delirium; this is soon followed by severe headache, paralysis, optic neuritis and finally coma.

Chronic cases have no sudden onset, but have persistent headache, loss of memory, paralysis, and symptoms of exhaustion.

Differential Diagnosis.—The diagnosis of cerebral abscess is very difficult.

Prognosis.—Doubtful.

Treatment.—When the abscess can be localized the skull must be trephined and the pus withdrawn.

Remedies.—Aconite; Belladonna; Hepar; Mercurius; Silicea; Sulphur.

APHASIA.

Definition.—The loss of power to express ideas in language.

Varieties.—There are two forms; Motor and sensory.

MOTOR OR ATAXIC APHASIA.

The patient cannot make sentences; although he knows objects about him, and can reflect after another, or, can write what he wishes to say.

Agraphia.—The loss of power of expressing the thoughts in writing.

Alexia.—The inability to express in words written or printed matter.

SENSORY APHASIA.

In this form the patient does not recognize the objects about him.

Mind-blindness.—Does not recognize the use of things seen.

Mind-deafness.—Does not interpret the sounds heard.

Word-blindness.—The inability to recognize written or printed matter.

Word-deafness.—The inability to understand spoken language.

PARAPHASIA.

When the wrong word is used to express the thought.

Treatment.—Must begin, and try to teach them word after word, and in this way success may be obtained.

VERTIGO.

Synonyms.—Dizziness; swimming in the head; giddiness.

Definition.—That condition in which the patient, or the objects about him, appear to be in motion.

Nervous Vertigo.—Caused from various brain diseases; particularly from tumors of the brain.

• *Ocular Vertigo.*—From eye trouble; particularly eye-strain.

Auditory Vertigo, or Meniere's disease, caused from disease of the semi-circular canals.

Gastric Vertigo.—Vertigo reflex from gastric, or intestinal irritation.

Prognosis.—Must be based upon the cause.

Treatment.—Depends upon the cause, which must be found, and, if possible, removed.

Nervous Vertigo is relieved by: Ambra, Theridion, Zizia, Coffea, Ignatia, Moschus, Nux mos., and Zincum.

Ocular Vertigo is cured when the eye-strain is relieved by the proper glasses. Ruta and Phostigma help to relieve the strained ocular muscle.

Auditory Vertigo.—Gelsemium and Stramonium, but more particularly Causticum, are the remedies for this variety of vertigo.

Gastric Vertigo.—Nux vom. is nearly specific for gastric vertigo.

MIGRAINE.

Synonyms.—Hemicrania; megrin; sick headache.

Definition.—A paroxysmal, circumscribed headache, with vaso-motor and sensory symptoms.

Etiology.—As a rule, appears in those of a nervous disposition; and is usually inherited. Women are more often victims than men.

Symptoms.—The symptoms are those of a violent headache, with chilliness, nausea, irritability, intolerance of light and noise. The paroxysm comes on irregularly, and lasts from one to several hours. The pains are usually limited to one side of the head, particularly the left side.

Prognosis.—Absolute cure is denied by some.

Treatment.—The preventive treatment consists in regulating the diet and mode of life of

the patient; have them avoid all excitement and emotions. Correct any gastric or nervous condition.

During the attack, let patient lie down in a quiet, darken room; only liquid food.

Remedies.—Belladonna; Chelidonium; *Chionanthus*; Gelsemium; Glonoine; *Iris vers.*; Ipecacuanha; *Naja*; *Nux vom.*; *Podophyllum*; *Sanguinaria*; *Sepia*; Silicea; *Spigelia*.

For the Attack.—Chionanthus, Gelsemium, Iris, and Sanguinaria are the main remedies.

SUNSTROKE.

Varieties.—(1) Heat exhaustion; (2) thermic fever or sunstroke.

Etiology.—*Heat exhaustion* is due to exposure to extreme heat, not necessarily the direct rays of the sun.

Thermic fever is due to exposure to the direct rays of the sun.

Symptoms.—*Heat Exhaustion.*—There is extreme weakness, restlessness, dimness of vision, cool skin, sub-normal temperature, pulse small and feeble, and symptoms of collapse.

Thermic Fever.—The patient may be stricken down, and die almost immediately. The patient becomes insensible, the skin dry and hot, shallow breathing, high temperature and death may follow in a few hours.

Prognosis.—Must be guarded.

Treatment.—Have patient removed to cool quiet place; loosen all clothes about his body;

apply *hot* applications to head and limbs; many advise a cold pack in the case of sunstroke; stimulants if called for. Give some liquid food as soon as the patient can swallow. *Nitrite of amyl*, or *Ammonia*, may be given by inhalation, in extreme cases.

Remedies.—Aconite; Belladonna; Glonoine; Natrum mur.; Veratrum vir.

CHRONIC HYDROCEPHALUS.

Definition.—An abnormal accumulation of fluid within the ventricles of the brain.

Etiology.—There are two kinds of chronic hydrocephalus:

(1) *Congenital Hydrocephalus*.—Its true cause is unknown. It is a disease of infancy, and often appears at birth. The abnormal size of the head is what attracts attention. The fontanelles are open; and the superficial veins are distended.

(2) *Acquired Chronic Hydrocephalus*.—This may develop at any age; sometimes idiopathic, but usually results from the presence of tumors, meningitis, or from general dropsy.

Duration.—From few months to three years.

Prognosis.—Very grave.

Treatment.—Consult treatment for acute hydrocephalus.

Diseases of the Spinal Cord.

PACHYMENINGITIS SPINALIS.

Definition.—An inflammation of the spinal dura mater.

Etiology.—Secondary to inflammation elsewhere; exposure to cold and wet; constitutional diseases as gout, syphilis, etc.

Pathology.—The membranes are swollen, and the spinal fluid is increased. The membranes may become adherent.

Symptoms.—The onset is rather slow, with chilliness, feverishness, severe dull pains in the extremities, the back often becomes rigid, and a gradual appearing paraplegia, the parts wasting away.

Prognosis.—Unfavorable.

Treatment.—Must be based upon the cause.

LEPTOMENINGITIS SPINALIS.

Synonyms.—Spinal meningitis.

Definition.—A simple inflammation of the spinal pia mater.

Etiology.—Due to tuberculosis; or, from infectious diseases as, smallpox, etc.; and possibly from exposure to cold.

Pathology.—The membranes are congested; and swollen from serous infiltration; and in

chronic cases the membranes are very thick and glued together.

Symptoms.—The symptoms are similar to those of pachymeningitis spinalis. Chilliness, moderate fever, severe pain in the back, which is very tender to touch, girdle pains, increased reflexes, and a gradually appearing paralysis, are symptoms of this form of inflammation.

Prognosis.—Very grave.

Treatment.—Must be symptomatic.

ACUTE MYELITIS.

Synonym.—Acute diffuse myelitis.

Definition.—An acute inflammation of the substance of the cord.

Varieties.—(1) *Central myelitis* when the inflammation attacks more especially the gray matter; (2) *transverse myelitis* when only a transverse section is involved; (3) *diffuse myelitis* when the process involves a whole section.

Etiology.—May follow injuries to the cord; secondary to infectious diseases; alcoholism; syphilis; and exposure to wet and cold.

Pathology.—Hyperæmia followed by inflammation of the substance of the cord; the parts become red from blood extravasation; and soft from serous exudation. The nerve elements undergo degeneration.

Symptoms.—Onset is ushered in by chilliness, followed by fever, with motor and sensory disturbances. Severe pains in the back, aggravated by pressure, with neuralgic pains in the limbs;

the limbs feel heavy; there is a sensation of formication, followed by anaesthesia, finally paralysis sets in, with wasting of the paralyzed muscles. Electro-contraction of the affected part is also lost. At the upper border of the inflammation there is a girdle pain; above which the parts are hyperæsthetic. The sphincters of both the bowels and bladder are implicated, so we find involuntary evacuations from both. The urine is generally ammoniacal, causing cystitis. The skin becomes dry and harsh; and bed sores form rapidly.

Differential Diagnosis.—*Spinal hyperæmia* has decidedly milder symptoms, the paralysis, which is slight, is not accompanied with wasting, or diminished electro-contraction; nor, does the paralysis usually involve the sphincters.

Spinal apoplexy has sudden paralysis with acute pain in the cord.

Landry's disease, or acute ascending paralysis, has no trophic phenomena, has ascending paralysis, and normal electric reactions.

Hysterical paraplegia has no trophic changes, or altered reflexes.

Prognosis.—Unfavorable.

Treatment.—Patient must be put to bed, and kept quiet, free from all excitement. Frequent baths; and especial care to prevent bed sores from forming. Hot fomentations may be applied to the spine. Attention must be given to bladder and bowels, and, if necessary the catheter and enemas must be used. The diet must be liquid and nutritious.

Remedies.—*Aconite*; *Abrotanum*; *Arnica*;

Arsenicum; Belladonna; Cuprum ars.; Dulcamara; Mercurius; Nux vom.; Picric acid; Rhus tox.; Sulphur.

MYELITIS OF THE ANTERIOR HORNS.

Synonyms.—Polio-myelitis anterior; infantile spinal paralysis; atrophic spinal paralysis.

Definition.—An inflammation of the anterior horns of the gray matter of the cord, occurring usually in children, and characterized by fever, and paralysis with atrophy.

Etiology.—Its true cause is unknown.

Pathology.—The disease is often limited to the cervical and lumbar enlargements. The first changes are hyperæmia, with exudation, and softening of the anterior horns of the gray matter, and atrophy of the multipolar cells and anterior nerve roots. In time, connective tissue growth replaces the degenerated multipolar cells.

Symptoms.—The onset is usually sudden; there may be some fever, irregular in character. Sometimes the first symptom is paralysis; this may involve one or more limbs, generally the lower limbs; the affected limb has a lowered temperature, and appears cyanosed. There is rapid and extreme wasting of the paralyzed part; with the "reaction of degeneration." The bladder is seldom involved; nor are there any sensory disturbances.

Differential Diagnosis.—The rapid development of the paralysis, the atrophy, the reaction of degeneration, and the lack of sensory disturbances will distinguish this disease from others.

Prognosis.—The paralysis has a tendency to improve to a certain extent; but, complete recovery from the paralysis is very rare.

Treatment.—Confined to bed during the acute stage; let patient have complete rest; and no excitement. Electricity and massage may be tried for the paralysis.

Remedies.—*Aconite* for the initial fever, but as soon as paralysis sets in we must change to *Gelsemium*; and if inflammatory symptoms continue to *Belladonna*.

PROGRESSIVE MUSCULAR ATROPHY.

Synonyms.—Chronic polio-myelitis anterior; chronic polio-myelitis; amyotrophic lateral sclerosis; wasting palsy; chronic spinal muscular atrophy.

Definition. — A disease characterized by atrophy of the ganglion cells of the anterior horns with wasting of the corresponding muscles.

Pathology.—There is atrophy and degeneration of the large multipolar cells in the anterior cornea, and also of the anterior nerve root fibres; new connective tissue being formed. Sometimes the sclerosis extends to the lateral columns (amyotrophic lateral sclerosis). The muscles also degenerate and have an overgrowth of new connective tissue.

Symptoms. — Prodromal symptoms such as, dull aching, coldness, and weakness of the parts about to be affected are sometimes observed. The atrophy usually begins in the small muscles of

the thumb, causing the ball of the thumb to become flat; next, the atrophy attacks the interossei muscles; these alterations cause the hand to have the "claw-like" appearance. From the hand the atrophy travels to the forearm, involving the flexor, more than the extensor, muscles; then to the shoulder. The lower limbs are, as a rule, involved only late in the disease. The rectum and bladder are not involved; nor are there any sensory disturbances. The atrophy has a tendency to become symmetrical. Fibrillary twitchings, excited by exposure to draughts of air, or from slightly tapping the affected muscles, are frequently present early in the disease. The atrophy involves muscle after muscle until the subject is entirely wasted, the bones stand out prominently, in fact, he is indeed, a "living skeleton."

Prognosis.—Often a progressive disease; but, may be sometimes stayed in its progress. The duration is indefinite.

Treatment.—Must be general.

Hypodermic injections of Strichnine is recommended by Gowers.

Electricity may be tried; although Osler says he never has seen the slightest benefit from it. Massage has given good results.

Plumbum is recommended by several authors as the homœopathic remedy for this disease; but *Argentum nitr.*, *Arnica*, *Gelsemium*, *Phosphorus*, and *Sulphur*, may be tried.

BULBAR PARALYSIS.

Synonyms.—Glosso-labio-laryngeal paralysis; progressive bulbar paralysis.

Definition.—A degeneration of the motor nuclei of the medulla oblongata, usually secondary, causing paralysis of the muscles of the tongue, lips, larynx, and pharynx.

Etiology.—The *acute form* results from hemorrhages in the medulla; or, from inflammatory softening of the medulla.

The *chronic form* may come from exposure to cold; certain constitutional diseases; or, from the extension of the degenerative process of other diseases.

Symptoms.—The disease comes on very insidiously. Difficulty in articulation is the first symptom to attract attention; this is caused by the beginning paralysis in the tongue; the tongue becomes flabby and shrunken from the atrophy. The paralysis then attacks the lips, which also atrophies; then the palate, pharynx, and larynx become involved. There is salivation; inability to swallow; and other symptoms from the paralysis. Atrophy is marked in the affected muscles.

Differential Diagnosis.—Its characteristic onset, involving the muscles it does, prevents mistakes.

Prognosis.—Unfavorable.

Treatment.—Must be symptomatic.

Remedies.—*Causticum*; *Gelsemium*; *Hyoscyamus*; *Plumbum*.

SPINAL SCLEROSIS.

Synonym.—Duchenne's disease.

Definition.—An overgrowth of connective tissue in the spinal cord, associated with degeneration of the nerve elements.

Etiology.—Hereditary; syphilis; alcoholism; exposure to wet and cold; traumatism; male sex; mineral poisoning.

Pathology.—Degeneration and atrophy of the nerve elements; the degeneration following a longitudinal direction; with an overgrowth of connective tissue.

Varieties.—(1) Locomotor ataxia, posterior sclerosis; (2) lateral sclerosis; (3) ataxic paraplegia; (4) disseminated cerebro-spinal sclerosis.

LOCOMOTOR ATAXIA.

Synonyms.—Tabes dorsalis; posterior spinal sclerosis.

Definition.—A sclerosis of the posterior columns of the spinal cord, characterized by incoordination, loss of tendon reflexes, and severe lightning pains.

Pathology.—This is a sclerosis of the posterior columns of the cord. The posterior columns are grayish and shrunken; the nerve elements have degenerated, and an overgrowth of connective tissue has taken their places. These changes are also frequently found in the brain and peripheral nerves.

Symptoms.—*The onset* is very insidious; there are gastro-intestinal disturbances. indisposition,

etc.; soon, however, there are experienced, more particularly in the legs, sharp, stabbing, lightning pains, coming and going very quickly, often leaving a burning sensation. The absence of the knee-jerk (Westphal's symptom) is an early and characteristic symptom. Certain ocular symptoms are also prominent, as: Ptosis; optic atrophy, which may end in total blindness; and the "Argyll Robertson pupil," which is a pupil that responds for accommodation, but does not respond to light. These are the symptoms that denote the commencement of an attack of posterior sclerosis; and, they may continue for years before more marked symptoms declare themselves.

When the *ataxic stage* arrives there is loss of inco-ordination, with anæsthesia of the limbs, and sensation of formication. The patient is unable to stand erect, or walk in a straight line with closed eyes; when trying to stand with closed eyes he sways to and fro, and almost falls (Romberg's symptom). When walking he must constantly watch his feet; and, not being able to judge the proper distance, he raises his feet too high, and brings them down with a stamp; the whole foot flat on the ground. He throws his legs about when walking in a very peculiar and characteristic way. These symptoms continue until the patient is unable to walk without assistance. With this loss of inco-ordination there is no loss of muscular power; the muscles may, however, waste from want of use. The joints also suffer; there is a serous effusion, with swelling of the joints, particularly the knee (Charcat

Joint), sometimes causing spontaneous dislocation. Perforating ulcer of the foot often occurs. Incontinence of urine is frequently present. In the first stage the sexual desire may be increased, but later it is usually lost.

There are often certain neuralgic attacks, called crisis, as: Gastric crisis when there is severe pain in the stomach with vomiting, etc.; laryngeal crisis has severe dyspnœa; renal crisis resembles renal colic; and so on.

The above symptoms last for an indefinite period, often years; but, finally the *paralytic stage* comes on and the patient becomes paralyzed and hence bed ridden, often living for years in such condition.

Differential Diagnosis.—Careful attention to the symptoms no mistake should be made; the absence of the knee jerk, the inco-ordination, and the Argyll-Robertson pupil are characteristic of this disease.

Prognosis.—Directly rarely fatal; but a complete cure is doubtful; although, the patient can be helped in almost every stage.

Treatment.—Place patient under good hygienic conditions; rest is important; must be free from excitement and worry. Diet is to be nutritious and easy of digestion. Any stomach or bowel symptom must receive immediate attention. Galvanism to the spine, and faradism to the wasted muscle have been of benefit.

In the first stage, when there are decided *lightning pains*, coming and going quickly, *Belladonna* will help; but, for the fully developed case,

with inco-ordination, etc., *Argentum nitr.* is the remedy.

Remedies.—*Æsculus*; *Arsenicum*; *Causticum*; *Gelsemium*; *Nux vom.*; *Phosphorus*; *Plumbum*; *Rhus tox.*; *Sulphur*; *Zincum*.

PRIMARY LATERAL SCLEROSIS.

Synonyms.—Lateral sclerosis; primary spastic paraplegia.

Definition.—A primary sclerosis of the lateral or pyramidal tracts, characterized by rigidity of the paralyzed muscle and increased reflexes.

Pathology.—The exact pathological condition is unknown, presumably it is a sclerosis of the lateral tracts of the cord.

Symptoms.—The onset is very insidious; a dull aching pain, weakness, and slight loss of power of the lower limbs, with cramps and stiffness, are the first symptoms to attract attention. The paralysis begins in the lower limb and progresses very slowly; the sensation is normal; and, there is no atrophy of the affected muscles. The knee-jerk is greatly exaggerated; the rectal clonus, and the ankle clonus are obtainable. They are reflex contractions in the affected muscles when attempting to use them; these contractions causes the limbs to become rigid. When walking the patient drags his limbs, the knees are together and the toe catches in the pavement; the limb is used as a whole on account of the rigidity of the muscles.

Prognosis.—Unfavorable.

Treatment.—Must be based upon general principles. Massage is beneficial; electricity is of no benefit in this disease.

Remedies.—Argentum nitr.; Nux vom.; Zincum.

ATAXIC PARAPLEGIA.

Definition.—A sclerosis of both the posterior and lateral columns of the cord.

Pathology.—There is a sclerosis of the posterior and lateral columns. The changes in the posterior column are more pronounced in the dorsal region; and, the posterior root zones are not especially involved.

Symptoms.—The symptoms are, to a certain extent, a combination of ataxia and spastic paraplegia. The onset is slow with a dull aching pain in the lower limbs; there is loss of co-ordination, paralysis comes on, and finally the part becomes rigid. The reflexes are increased; and there are no sensory disturbances.

Prognosis.—Unfavorable.

Treatment.—Consult locomotor ataxia.

DISSEMINATED CEREBRO-SPINAL SCLEROSIS.

Synonyms.—Multiple sclerosis; insular sclerosis.

Definition.—A disease characterized by patches of sclerosis scattered through the brain and cord.

Pathology.—There are scattered foci of sclerosis, varying in size and outline, throughout the brain and cord.

Symptoms.—The symptoms vary greatly. The onset is very slow. There are various pains in the limbs, headache and possibly vertigo. Weakness, which soon amounts to paralysis, is experienced in the legs. There is loss of co-ordination, causing the “waddle” gait when walking. A tremor, “jerky” in character, comes on when attempting voluntary movement; the tremor entirely ceasing when at rest. The speech is slow, scanning. Nystagmus is also present. The course of the disease is long, with decided remissions.

Prognosis.—Unfavorable.

Treatment.—Consult locomotor ataxia.

CAISSON DISEASE.

Synonym.—Dever's paralysis.

Definition.—A disease caused by the too sudden return to the normal atmospheric pressure of those who have been subjected to an increased atmospheric pressure.

Pathology.—Not known; the lesions resemble disseminated myelitis.

Symptoms.—The symptoms may appear suddenly, or may not develop for several hours, after making the sudden change in atmospheric pressure; the onset is marked by pain, especially severe in the limbs, nausea and vomiting. The skin becomes cool, with a cool sweat; the pulse

small and compressible. There are both motor and sensory paralysis, particularly a paraplegia. The sphincters are often involved. The disease lasts for an indefinite time, but recovery is the rule.

Treatment.—In coming through the locks at least five minutes should be allowed for each lock (A. H. Smith). For the attack, inhalations of oxygen and compressed air may be tried. The treatment must be similar to that for myelitis.

ACUTE ASCENDING PARALYSIS.

Synonym.—Landry's disease.

Definition.—Motor paralysis, beginning in the lower limbs and rapidly extending to the arms and body; there is no atrophy or loss of sensation.

Etiology.—The real cause is unknown.

Pathology.—No characteristic lesions.

Symptoms.—A sensation of weakness in the legs, which rapidly increases until, sometimes, in a few hours a paralysis develops. The paralysis begins in the feet and ascends, involving the legs, trunk, arms, muscles of respiration and deglutition. The reflexes are lost. There is no atrophy. The electrical reactions are normal. There are no sensory symptoms. The bladder and rectum are seldom involved. The diagnosis of this disease is often difficult.

Prognosis.—Unfavorable.

Treatment.—There is no special treatment.

HEREDITARY ATAXIA.

Synonym.—Friedreich's ataxia.

Definition.—A sclerosis of the posterior and lateral columns of the cord, which is observed in certain families; it resembles locomotor ataxia.

Symptoms.—The disease comes on, as a rule, early in life. There is inco-ordination, beginning in the legs, but quickly extending to the arms. The gait of one walking is like the gait of a person intoxicated. Nystagmus is present. There is deformity of the feet, talipis equinus being frequently present.

Prognosis.—Cures are rare; but the disease runs a very long course.

Treatment.—No special treatment.

Diseases of the Nerves.

NEURITIS.

Definition.—An inflammation of the nerves.

Etiology.—Traumatism is its chief cause; exposure to cold and wet; or, from an extension of an inflammation.

Pathology.—The separate parts of the nerve may be inflamed, but, usually the whole nerve is involved. The nerve is red and swollen, with granular degeneration.

Symptoms.—The onset may be slow or rapid. There is pain along the course of the nerve; the nerve is sensitive to pressure. There is a burning, tingling and numbness in the region supplied by the affected nerve.

Differential Diagnosis.—Neuralgia has an intermittent pain; and usually no tenderness.

Prognosis.—Favorable.

Treatment.—Must be symptomatic.

MULTIPLE NEURITIS.

Synonyms.—Polyneuritis; beri beri.

Definition.—A parenchymatous inflammation of several symmetrical nerves, either simultaneously or in succession.

Etiology.—Exposure to wet and cold; alco-

holism; malaria; syphilis; certain constitutional diseases, as, rheumatism, typhoid fever, diabetes, etc.

Symptoms.—The same as simple neuritis, except the symptoms are more widely distributed.

Prognosis.—Favorable.

Treatment.—Must be symptomatic.

NEURALGIA.

Etiology.—Exposure to atmospheric changes; traumatism; malaria; rheumatism; syphilis; gout; from reflex irritation; hereditary.

TRIFACIAL NEURALGIA.

(Tic-douloureux; prosopalgia.) This consists of severe paroxysmal pains in the course of the trifacial nerve, particularly on the left side.

Treatment.—Hot fomentations to the part.

Recent cases give *Aconite*; or, *Belladonna* if the pains come and go quickly, the face flushing with every pain. *Spigelia* if the left side is affected; and the pains are tearing, shooting; with lachrymation, etc.; if right sided then *Kalmia* often cures. If reflex from gastric disturbance *Kali bich.* or *Nux vom.* come in; or, reflex from liver trouble *Chelidonium* should be tried. If purely nervous, or complicated with malaria, nothing excels *Arsenicum*.

INTERCOSTAL NEURALGIA.

The pain follows the course of the intercostal nerves.

Treatment.—Heat may be applied to the part; or, the tincture of Aconite may be used externally.

Ranunculus bulb. is almost specific for this form of neuralgia, except when due to reflex irritation from the womb or ovaries, in which case *Actea rac.* is specific.

SCIATICA.

Definition.—An inflammation of the sciatic nerve, characterized by severe pain along the course of the nerve.

Etiology.—A disease of adult life; attacking males oftener than females. Exposure to atmospheric changes. Certain constitutional causes as rheumatism, gout and syphilis.

Symptoms.—Consists of severe pain in the nerve, which may set in either suddenly or gradually. The pain is of a gnawing or burning character, felt first in the back of the thigh, but soon extends down the whole limb along the course of the nerve to its remotest distributions. The nerve is sensitive to touch, worse at night, on motion, and before a storm. The attack may last for several months, when the muscles may become atrophied.

Prognosis.—Responds, as a rule, to the indicated remedy.

Treatment.—The affected limb must have rest. Hot applications often afford relief. Remove cause if possible. Nerve-stretching has proved beneficial. Galvanism, after the acute symptoms have been relieved, gives good results.

REMEDIES.

Actea Race.—When due to uterine irritation.

Arsenicum.—Especially useful for chronic cases. *The patient is restless and anxious; moves about. *Tearing pains; pain from hip down posterior part of leg to knee. *External warmth relieves.

"As near a specific as any remedy can come."—*Dr. Hart.*

Chamomilla.—*When the pains make the patient irritable; they are snappish, can't give a civil answer. In nervous persons. *There are drawing tearing pains; aggravated at night, and from external warmth. Pain from the left ischium to the os calcis and sole of the foot, with cramp-like tension of the muscles.

Colocynthis.—*For recent cases; the pain comes suddenly, is constant in character, and becomes intolerable in paroxysms. Sharp shooting, tearing pain, extending down the course of the sciatic nerve, followed by numbness. Crampy pain in the affected hip, as though the parts were screwed in a vise, lies upon the affected side, with knee bent up.

"One of our best remedies."—*Dr. Farrington.*

"An important remedy."—*Dr. Laurie.*

Gnaphalium.—*When the intense pain in the nerve alternates with numbness.

"A good remedy."—*Dr. Bartlett.*

Kali Hyd.—*For cases due to syphilis.

Lycopodium.—*Obstinate, chronic cases. Stiffness and weakness of the affected limb. *Violent jerks of the limb. *Obstinate constipation.

Rhus Tox.—*Chronic cases; aggravated during rest, relieved by motion; sensation of numbness. Rubbing, or external warmth relieves. *Caused from exposure to inclement weather.

"Rarely fails in chronic cases."—*Dr. Ruddock.*

Staphysagria.—*Important remedy when sciatica occurs in elderly people.

Sulphur.—*For obstinate cases, great tendency to relapse.

FACIAL PARALYSIS

Synonyms.—Bell's palsy.

Definition.—A paralysis of the seventh pair of cranial nerves.

Etiology.—Its main cause is exposure to atmospheric changes; particularly the exposure of the face to cold winds. Traumatism, tumors, and certain constitutional disorders may also cause it.

Symptoms.—The onset is generally sudden, with paralysis of the muscles of the face on the affected side. The expression on the affected side is lost. The wrinkles are obliterated, the eye is wide open and staring; tears flow down the cheek; the mouth is drawn toward the unaffected side; and speech is very difficult. The reflexes are lost.

Differential Diagnosis.—In Bell's palsy there are no cerebral symptoms, which will distinguish it from other like diseases.

Prognosis.—Partial recovery is the rule; few, indeed, make complete recoveries.

Treatment.—The cause should be removed if possible. Give the affected side rest. Faradization of the affected muscles, after acute symptoms have been removed, gives good results.

REMEDIES.

Aconite.—*Acute cases caused from exposure to dry cold winds. *Numbness and tingling of the parts, particularly the lips. The patient is anxious and restless.

Causticum and Rhus Tox.—For the remaining paralysis, after the acute symptoms have been relieved.

Hypericum.—If from injury to the nerve.

Kali Hyd.—If from syphilis.

General or Functional Diseases.

CHOREA.

Synonyms.—St. Vitus's dance.

Definition.—A disease, occurring mainly in children, characterized by irregular, involuntary movements of the muscles, often accompanied by weakness of the mind.

Etiology.—Youth; female sex; and hereditary; are predisposing causes. May be caused by reflex irritation from dentition; mental excitement; ocular defect; self-abuse; and an adherent prepuce. Sometimes develops during the first five months of pregnancy.

Symptoms.—The onset is gradual, often commencing with simply irregular movements of the feet, or constant movement of the hands; one side is nearly always worse than the other; and the arms are worse than the legs. The movements cease during sleep. After the disease has progressed for awhile the movements in the muscles of the legs interfere with walking; and those in the arms make the hands almost useless for holding things. The speech is altered and difficult from the constant movement of the tongue. The memory is weakened; the disposition changes, the child becomes cross and irritable. The general health suffers; the patient becomes very anæmic.

Sequelæ.—Mental impairment.

Duration.—Variable; average about three months.

Prognosis.—A cure is the rule; although, relapses are common.

Treatment.—Absolute rest of both body and mind. Plenty of exercise in the open air is essential. The cause should be found, and if possible, removed. Galvanism has proved beneficial.

Remedies.—*Actea race.*; *Agaricus*; *Arsenicum*; *Causticum*; *Cuprum*; *Hyoscyamus*; *Mygale*; *Stramonium*; *Tarantula*; *Zincum*; *Zizia*.

HYSTERIA.

Definition.—A state in which ideas control the body and produce morbid changes in its functions (*Möbius*).

Etiology.—Occurs mainly in females, particularly at the time of puberty, and later at the menopause. Prolonged mental excitement, worry, etc.; self-abuse; want of out-door exercise; and, any cause which depresses the vitality, are predisposing causes. Hereditary plays an important part.

Symptoms.—For convenience the symptoms may be divided into the convulsive, and non-convulsive.

Convulsive Hysteria.—The hysterical fits, in a majority of cases, come on after some emotional excitement; with violent crying, sobbing, laughing; or, alternate laughing and crying; and pecu-

liar jerking and twitching of the limbs, the arms and legs are thrown about in a very grotesque manner. With these symptoms there is a constriction of the throat, a sensation of a ball in the throat (*globus hystericus*). The patient is seemingly unconscious; but, it is only apparent, she knowing everything going on around her. In falling, hysterical subjects seldom hurt themselves; nor, do they bite their tongue; nor is there any elevation of temperature during the paroxysms. The patient, during the paroxysm, frequently struggles hard; kicks and strikes those about her. The paroxysm ends with moaning, crying, sighing, laughter; and often with profuse urination of pale, clear urine, of low specific gravity, the "hysterical urine," as it is often called. Wakefulness usually follows the paroxysm.

The convulsions may closely resemble true epilepsy in character; but, no matter how frequently they appear there are no constitutional symptoms. This form is called *hystero-epilepsy*.

Non-convulsive Hysteria.—The symptoms of hysteria vary greatly; seldom do we see two cases presenting the same symptoms. The patient is irritable, emotional, and, frequently entertains an exalted opinion of herself. She believes she is very sick; she magnifies all her sufferings; and is constantly moaning and groaning. They often simulate some form of paralysis; hyperæsthesia is very common; anæsthesia is also observed. The joints often suffer, as the so-called "hysterical knee."

Differential Diagnosis.—The previous history of the patient, and remembering that in this disease there is hyperæsthesia; mental disturbances; and that in the paroxysm the patient usually protects herself from injury; that unconsciousness is only apparent; that there is the globus hystericus; the normal temperature; the want of muscular rigidity; and the peculiar polyuria; will prevent mistakes being made.

Prognosis.—Rarely fatal; but, so far as a complete cure is concerned, had better give a guarded prognosis.

Treatment.—First, of all things, remove the patient from her friends, and her accustomed surroundings; second, give the patient absolute rest; third, regulate the diet, eating mainly vegetables. Rest, of body and mind, is important; all excitements must be avoided; frequent baths and massage are useful.

The Attack.—Unloosen all clothing; dash cold water in the face; and let them smell Camphor, or Ammonia.

Moschus usually cuts short the paroxysm. *Ignatia* is given during the non-convulsive period, and is considered a specific by many, especially indicated in those who are full of grief, constantly moaning and sighing; if the globus hystericus is a prominent symptom then *Asafœtida* cures. Remedies in this disease seems to act best in the lower dilutions.

Other remedies, such as: Aurum; Belladonna; Castoreum; Coffea; Cocculus; Gelsemium; Hyos-

cyamus; Nux mos.; Platinum; Sepia; Valerium; Zincum; and, in fact, every medicine in the materia medica, must be studied.

NEURASTHENIA.

Synonyms.—Nervous prostration.

Definition.—A weakness of the nervous system.

Etiology.—Chronic diseases which lowers the patient's vitality; excessive and constant mental worry; self-abuse; excesses of any kind, and a hereditary pre-disposition to a weakened nervous system.

Symptoms.—The first symptoms are those of general mental and physical prostration. The patient finds his usual vocation burdensome, he cannot do his accustomed work well; cannot concentrate his mind; can not remember well. The least work of any kind soon tires him. He becomes depressed, low-spirited, irritable; his sleep is disturbed; there may be vertigo, and headache. There is palpitation of the heart. Various pains are experienced throughout the body. Often there are many of the symptoms of hysteria; also, many of the symptoms of lithæmia.

Prognosis.—Good.

Treatment.—Must be largely hygienic and dietetic. The patient must have rest, away from cares and troubles, his surroundings must be pleasant. Regulate his daily exercise. Sleep, which is very essential to those suffering from

nervous exhaustion, must be obtained. The cause must be discovered, and, removed, if possible. The diet must be nutritious and easily digested. Galvanism and massage are valuable helps to the cure.

Remedies.—Argentum nitr.; Aletris; Calcarea; Ignatia; Helonias; Nux vom.; Phosphorus; *Phosphoric acid*; *Picric acid*; Pulsatilla; *Strichnia sulph.*; Sulphur.

EPILEPSY.

Definition.—A chronic disease of the nervous system characterized by sudden attacks of unconsciousness, associated with more or less general convulsions.

Etiology.—Its etiology is not definitely known. Hereditary is an important factor. Occurs in young persons, about the time of puberty, affecting equally both sexes. Injuries to the cranium also cause epilepsy. Parents who are syphilitic, and who suffer from chronic alcoholism, often beget epileptic children.

Varieties.—(1) Grand mal; (2) petit mal; (3) Jacksonian epilepsy.

Symptoms.—*Grand Mal.*—This form is preceded by definite symptoms, peculiar to each case, called the *aura epileptica*. This aura consists in certain odd sensations in different portions of the body; for instance, a very common aura is the sensation of a mouse running up the arm; or, an indescribable feeling in the pit of the stomach; etc. The onset is sudden; as a rule, the patient,

with a sharp, shrill, scream, the epileptic cry, falls unconscious, with twitchings of the various muscles, which is soon followed by tonic spasms. The head is drawn to one side; the limbs are extended; the teeth clenched; and the hands tightly closed. The patient froths at the mouth; and often the tongue is bitten. After a few seconds the violent spasm relaxes somewhat and the contractions become clonic, or intermittent. This irregular and intermittent contraction causes the limbs to jerk and often the body itself is moved. Involuntary evacuations from both the bowels and bladder occur. The face at first, is pale, but later is cyanosed, and finally during the coma is congested. This clonic condition lasts for a few minutes; and is followed by a state of coma. The spasm is now gone; the face is congested; the patient falls into a sleep, and awakens in a few hours, feeling no worse for his experience than a slight mental confusion.

Petit Mal.—Epilepsy without the convulsions, as Olser puts it. The patient may experience a slight vertigo, or a momentary unconscious spell; followed by a slight mental confusion.

Jacksonian Epilepsy.—In this variety the patient retains consciousness. The spasm begins in some one portion of the body, and gradually spreads until the whole body is convulsed.

If the convulsions should follow each other in such rapid succession that the patient does not regain consciousness between them the condition is called "*status epilepticus.*"

Differential Diagnosis.—The peculiarities of the attack as given above will prevent mistakes in diagnosis. The sudden onset, the tonic, followed by clonic spasms, then coma, finally heavy sleep, are characteristic.

Prognosis.—Unfavorable as regards a complete cure; but, help may be given nearly all cases.

Treatment.—The exciting cause should be found, and removed if possible. The patient must avoid all excitement, and guard against bodily fatigue. The diet must be light and nutritious; a vegetable diet is highly recommended.

During the attack protect patient from injury; place a piece of cork, or handkerchief between the teeth to keep from biting the tongue. The inhalation of nitrite of amyl will often cut short an attack; in very severe spasms Chloroform may be inhaled.

Remedies.—*Belladonna*; *Bufo*; *Calcarea carb.*; *Cannabis*; *Cicuta*; *Cuprum*; *Ignatia*; *Opium*; *Silicea*.

Bromide of potassium in large and increasing doses stops the re-appearance of the spasms.

Surgical interference, especially in the Jacksonian variety, promises good results.

PARALYSIS AGITANS.

Synonyms. — Parkinson's disease; shaking palsy.

Definition.—A chronic disease of the nervous system, characterized by tremor, progressive weakness and more or less rigidity of the affected muscle, and a peculiar gait.

Etiology.—Not known. Occurs more frequently in women than in men; and usually in those over fifty years of age.

Symptoms.—Gradual onset; tremor being the first symptom to attract attention. The tremor begins, usually, in one set of muscles, particularly in the hand, and may be controlled by will at first; the tremor ceases during voluntary movement and during sleep. At first, the tremor is paroxysmal, but soon becomes constant; seldom does the tremor attack the head. The hand is held as if in the act of "rolling a piece of paper" or, "crumbling bread." Following the tremor is weakness and rigidity of the muscles. This rigidity gives the patient a characteristic gait, known as festination, that is, when attempting to walk, the steps grow faster and faster, with tendency to run forward, until the patient either falls, or finds some support. His back is bowed, his head is bent forward, and the arms are held away from the body. The voice is expressionless; he has a difficulty in commencing to speak, but, when once started he speaks very rapid. The intellect is unimpaired.

Differential Diagnosis.—The characteristic tremor, gait and attitude, combined with weakness and rigidity of the muscles, should prevent errors of diagnosis.

Prognosis.—A complete cure is rare; but, the disease can be, in a great number of cases, stayed in its progress. The course of the disease is long and indefinite.

Treatment.—Must be general; the diet must be nutritious. Massage gives good results.

Remedies.—*Tarantula*. "The pathogenesis of this remedy shows it to be the true *similimum* of this disease."—*Dr. Hart*.

EXOPHTHALMIC GOITRE.

Synonyms.—Basedow's disease; Grave's disease.

Definition.—A nervous disease of doubtful origin, but presumed to be due to some fault in the sympathetic nervous system, characterized by hypertrophy of the thyroid gland, protrusion of the eyeballs, and palpitation of the heart.

Symptoms.—The first symptom is the swelling of the thyroid gland; which may be confined to one lobe, or both lobes may be involved. With the swelling of the gland there is pulsation and a peculiar purring thrill. The patient gradually loses strength, becomes nervous, irritable and depressed in spirits. The eyeballs protrude from the dilatation of the vessels back of the eyes. The vision is unaffected.

Prognosis.—Fairly good.

Treatment.—The patient must have quiet and rest; free from all excitement and worry. The diet must be nutritious. Painting the gland with Iodine has been recommended. Galvanic current to the neck is beneficial.

Remedies.—Dr. Jousset recommends *Belladonna*; Dr. Lilienthal mentions *Natrum mur.* and *Lycopus*; Dr. Hughes speaks of Iodine.

THOMSEN'S DISEASE.

Synonyms.—Congenital myotonia.

Definition.—A disease characterized by tonic spasms of the muscles, caused by voluntary movements.

Etiology.—Its cause is unknown; it appears in certain families, from one generation to another; particularly in the male.

Symptoms.—The disease appears in infancy. It is manifest when the patient attempts to put a muscle into action, when the muscle becomes rigid, which rigidity lasts for a few seconds, when the movement may be made. This disease is usually limited to the muscles of the limbs.

Prognosis.—Incurable; although relief may be given.

Treatment.—Must be general.

RAYNAUD'S DISEASE.

Synonyms.—Symmetrical gangrene; local asphyxia.

Definition.—A disease due to vaso-motor influences, characterized by local anæmia, congestion, and finally in fully developed cases, gangrene.

Etiology.—Not known.

Symptoms.—The onset of the disease is usually sudden. The affected part, which is generally the finger or toe, becomes bloodless, hence pale in color, very cold to the touch, shrunk, and anæsthetic. This is the stage of local anæmia; which, however, is soon followed

by the stage of local congestion. The part now becomes very red, hot to the touch, and swollen. Pain now appears from the swelling. The stage of local gangrene comes on with the formation of large blots, the part becomes dark, and gangrene forms; a line of demarkation is usually well formed; the dead tissue is sloughed off; and, the part heals by granulations. The symmetry of this disease is characteristic. If it involves the fingers, there will be one on each hand; or, a toe on each foot, etc.

Prognosis.—Seldom kills; but, is a very persistent disease; and, very liable to return, even if cured.

Treatment.—The hygienic surroundings and diet, must be regulated for each case.

Arsenicum; *Argentum nitr.*; *Crotalus*; *Lachesis*; *Secale*; Sulphur; are remedies which should be studied.

PSEUDO-HYPERTROPHIC PARALYSIS.

Synonym.—Pseudo-muscular hypertrophy.

Definition.—A disease, of hereditary tendency, appearing more particularly in children, characterized by degeneration, with hypertrophy of the muscles, and progressive paralysis.

Etiology.—The disease attacks children, particularly the boys, of certain families. Its real cause is unknown.

Pathology.—There is a true atrophy of the muscle-fibres, with a deposit of fat and connect-

ive tissue elements causing a pseudo-hypertrophy. The cord is affected secondarily.

Symptoms.—The disease generally declares itself when the child commences to walk; the muscles are plump but there is excessive weakness; the child stumbles and always wants support. The muscles enlarge, particularly those of the lower limbs. In standing the child has his feet apart, the shoulders thrown back, protruding the stomach, and curving the back. When attempting to rise he must help himself by grasping his knees, then his legs, then his thigh, until finally he is erect. This has been called "climbing up his thighs." The muscles are paralyzed, yet the pseudo-hypertrophy gives the child an appearance of excessive strength.

Prognosis.—Incurable; although the patient may live for years.

Treatment.—Must be general. Massage is beneficial.

INDEX.

	PAGE.
Abdominal dropsy,	127
typhus,	205
Abscess, cerebral,	303
hepatic,	139
Acute articular rheumatism	279
Bright's disease,	150
bulbar paralysis,	315
coryza,	I
gastric catarrh,	87
gastritis,	87
laryngitis,	9
lobar pneumonia,	51
meningitis,	294
pharyngitis,	85
tuberculosis,	270
uræmia,	147
yellow atrophy,	140
Addison's disease,	177
Agraphia,	304
Ague,	228
Albuminoid liver,	142
Alexia,	304
Amœba coli,	256
Amygdalitis,	81
Amyloid kidney,	157
liver,	142
Amytrophic lateral sclerosis,	313
Anæmia,	168
cerebral,	297
cytogenic,	168
essential,	168
fatty heart, of,	173

Anæmia, idiopathic,	173
lymphatic,	176
pernicious,	173
primary,	170
secondary,	168
symptomatic,	168
varieties of,	168
Angina catarrhalis,	85
pectoris,	199
tonsillaris,	81
Aortic insufficiency,	193
obstruction,	194
regurgitation,	193
stenosis,	194
Aphasia,	304
ataxic,	304
motor,	304
sensory,	304
Aphthous stomatitis,	76
Apoplexy, cerebral,	299
pulmonary,	46
Appendicitis,	121
Arachnitis,	294
Argyll-Robertson pupil,	317
Arrhythmia,	199
Arteries, diseases of,	203
Artero-sclerosis,	203
Arthritis deformans,	284
Articular rheumatism,	279
Ascaris lumbricoides,	120
Ascending paralysis,	322
Ascites,	127
Asthma,	35
bronchial,	35
hay,	40
Kopp's,	20
nervous,	35
spasmodic,	35
Ataxia, hereditary,	316

Ataxia, locomotor,	322
Ataxic paraplegia,	320
Atelectasis,	65
Atheroma,	203
Atonic dyspepsia,	88
Atrophic spinal paralysis,	312
Atrophy, acute yellow,	140
Aura epileptica,	334
Autumnal catarrh,	40
fever,	205
Bacillus, comma,	261
Klebs-Loeffler,	236
of Eberth,	205
of Pfeiffer,	225
tuberculosis,	268
Basedow's disease,	338
Bastard pleurisy,	30
Bell's palsy,	328
Beri beri,	324
Bile-ducts, catarrh of,	132
Biliary calculi,	144
colic,	144
Bilious remittent fever,	232
Black vomit,	217
Bladder, inflammation of,	163
catarrh of	163
Bleeders' disease,	178
Blood, diseases of,	168
urine, in the,	162
vomiting,	100
vessels, diseases of,	203
Bloody flux,	256
Bothriocephalus latus,	119
Bowels, diseases of,	104
Brachycardia, see bradycardia.	
Bradycardia,	199
Brain, abscess of,	303
anæmia of,	297
congestion of,	296

Brain, diseases of,	296
softening of,	299
Break-bone fever,	224
Breast-pang,	199
Bright's disease, acute,	150
chronic,	152
cirrhotic,	154
Bronchial catarrh, acute,	22
catarrh, chronic,	26
hemorrhage,	42
Bronchial tubes, dilatation of,	35
Bronchiectasis,	35
Bronchitis, acute,	22
capillary,	30
catarrhal,	22
chronic,	26
croupous,	33
diphtheric,	33
fibrinous,	33
plastic,	33
pseudo-membraneous,	33
Broncho-pneumonia,	30
Bronchorrhagia,	42
Bronzed-skin disease,	177
Bulbar paralysis,	315
Caissons' disease,	321
Calculi, biliary,	144
hepatic,	144
renal,	160
Camp fever,	215
Cancer liver of the,	143
stomach of the,	99
Cancrum oris,	77
Capillary bronchitis,	30
Carcinoma, liver of the,	143
stomach, of the,	99
Cardiac dilatation,	190
fatty degeneration,	192
hypertrophy,	189

holism; malaria; syphilis; certain constitutional diseases, as, rheumatism, typhoid fever, diabetes, etc.

Symptoms.—The same as simple neuritis, except the symptoms are more widely distributed.

Prognosis.—Favorable.

Treatment.—Must be symptomatic.

NEURALGIA.

Etiology.—Exposure to atmospheric changes; traumatism; malaria; rheumatism; syphilis; gout; from reflex irritation; hereditary.

TRIFACIAL NEURALGIA.

(Tic-douloureux; prosopalgia.) This consists of severe paroxysmal pains in the course of the trifacial nerve, particularly on the left side.

Treatment.—Hot fomentations to the part.

Recent cases give *Aconite*; or, *Belladonna* if the pains come and go quickly, the face flushing with every pain. *Spigelia* if the left side is affected; and the pains are tearing, shooting; with lachrymation, etc.; if right sided then *Kalmia* often cures. If reflex from gastric disturbance *Kali bich.* or *Nux vom.* come in; or, reflex from liver trouble *Chelidonium* should be tried. If purely nervous, or complicated with malaria, nothing excels *Arsenicum*.

INTERCOSTAL NEURALGIA.

The pain follows the course of the intercostal nerves.

Cerebral, hyperæmia,	296
softening,	299
thrombosis,	298
Cerebro-spinal fever,	220
meningitis,	220
Chicken-pox,	246
Child crowing,	20
Chills and fever,	228
Chlorosis,	170
Cholelithiasis,	144
Cholera,	260
Asiatic,	260
English,	107
epidemic,	260
infantum,	109
malignant,	260
morbus,	107
sporadic,	107
Cholerine,	262
Chorea,	329
Chronic gastric catarrh, see dyspepsia.	
nasal catarrh,	4
pneumonia,	64
Cirrhosis, kidney, of the,	154
lungs, of the,	64
liver, of the,	136
Clergyman's sore throat,	11
Cold on the chest,	22
in the head,	1
Cold, rose,	40
Colic, biliary,	183
hepatic,	183
intestinal,	117
renal,	160
Colitis,	256
Coma, uræmic,	147
Comma bacillus,	261
Congenital myotoma,	339
Congestion, cerebral,	296

REMEDIES.

Actea Race.—When due to uterine irritation.

Arsenicum.—Especially useful for chronic cases. *The patient is restless and anxious; moves about. *Tearing pains; pain from hip down posterior part of leg to knee. *External warmth relieves.

"As near a specific as any remedy can come."—*Dr. Hart.*

Chamomilla.—*When the pains make the patient irritable; they are snappish, can't give a civil answer. In nervous persons. *There are drawing tearing pains; aggravated at night, and from external warmth. Pain from the left ischium to the os calcis and sole of the foot, with cramp-like tension of the muscles.

Colocynthis.—*For recent cases; the pain comes suddenly, is constant in character, and becomes intolerable in paroxysms. Sharp shooting, tearing pain, extending down the course of the sciatic nerve, followed by numbness. Crampy pain in the affected hip, as though the parts were screwed in a vise, lies upon the affected side, with knee bent up.

"One of our best remedies."—*Dr. Farrington.*

"An important remedy."—*Dr. Laurie.*

Gnaphalium.—*When the intense pain in the nerve alternates with numbness.

"A good remedy."—*Dr. Bartlett.*

Kali Hyd.—*For cases due to syphilis.

Lycopodium.—*Obstinate, chronic cases. Stiffness and weakness of the affected limb. *Violent jerks of the limb. *Obstinate constipation.

Rhus Tox.—*Chronic cases; aggravated during rest, relieved by motion; sensation of numbness. Rubbing, or external warmth relieves. *Caused from exposure to inclement weather.

"Rarely fails in chronic cases."—*Dr. Ruddock.*

Staphysagria.—*Important remedy when sciatica occurs in elderly people.

Sulphur.—*For obstinate cases, great tendency to relapse.

INDEX.

	PAGE.
Abdominal dropsy,	127
typhus,	205
Abscess, cerebral,	303
hepatic,	139
Acute articular rheumatism	279
Bright's disease,	150
bulbar paralysis,	315
coryza,	I
gastric catarrh,	87
gastritis,	87
laryngitis,	9
lobar pneumonia,	51
meningitis,	294
pharyngitis,	85
tuberculosis,	270
uræmia,	147
yellow atrophy,	140
Addison's disease,	177
Agraphia,	304
Ague,	228
Albuminoid liver,	142
Alexia,	304
Amœba coli,	256
Amygdalitis,	81
Amyloid kidney,	157
liver,	142
Amytrophic lateral sclerosis,	313
Anæmia,	168
cerebral,	297
cytogenic,	168
essential,	168
fatty heart, of,	173

Anæmia, idiopathic,	173
lymphatic,	176
pernicious,	173
primary,	170
secondary,	168
symptomatic,	168
varieties of,	168
Angina catarrhalis,	85
pectoris,	199
tonsillaris,	81
Aortic insufficiency,	193
obstruction,	194
regurgitation,	193
stenosis,	194
Aphasia,	304
ataxic,	304
motor,	304
sensory,	304
Aphthous stomatitis,	76
Apoplexy, cerebral,	299
pulmonary,	46
Appendicitis,	121
Arachnitis,	294
Argyll-Robertson pupil,	317
Arrhythmia,	199
Arteries, diseases of,	203
Artero-sclerosis,	203
Arthritis deformans,	284
Articular rheumatism,	279
Ascaris lumbricoides,	120
Ascending paralysis,	322
Ascites,	127
Asthma,	35
bronchial,	35
hay,	40
Kopp's,	20
nervous,	35
spasmodic,	35
Ataxia, hereditary,	316

Ataxia, locomotor,	322
Ataxic paraplegia,	320
Atelectasis,	65
Atheroma,	203
Atonic dyspepsia,	88
Atrophic spinal paralysis,	312
Atrophy, acute yellow,	140
Aura epileptica,	334
Autumnal catarrh,	40
fever,	205
Bacillus, comma,	261
Klebs-Loeffler,	236
of Eberth,	205
of Pfeiffer,	225
tuberculosis,	268
Basedow's disease,	338
Bastard pleurisy,	30
Bell's palsy,	328
Beri beri,	324
Bile-ducts, catarrh of,	132
Biliary calculi,	144
colic,	144
Bilious remittent fever,	232
Black vomit,	217
Bladder inflammation of,	163
catarrh of,	163
Bleeders' disease,	178
Blood, diseases of	168
urine, in the,	162
vomiting,	100
vessels, diseases of,	203
Bloody flux,	256
Bothriocephalus latus,	119
Bowels, diseases of,	104
Brachycardia, see bradycardia.	
Bradycardia,	199
Brain, abscess of,	303
anæmia of,	297
congestion of,	296

Brain, diseases of,	296
softening of,	299
Break-bone fever,	224
Breast-pang,	199
Bright's disease, acute,	150
chronic,	152
cirrhotic,	154
Bronchial catarrh, acute,	22
catarrh, chronic,	26
hemorrhage,	42
Bronchial tubes, dilatation of,	35
Bronchiectasis,	35
Bronchitis, acute,	22
capillary,	30
catarrhal,	22
chronic,	26
croupous,	33
diphtheric,	33
fibrinous,	33
plastic,	33
pseudo-membraneous,	33
Broncho-pneumonia,	30
Bronchorrhagia,	42
Bronzed-skin disease,	177
Bulbar paralysis,	315
Caissons' disease,	321
Calculi, biliary,	144
hepatic,	144
renal,	160
Camp fever,	215
Cancer, liver, of the,	143
stomach, of the,	99
Cancrum oris,	77
Capillary bronchitis,	30
Carcinoma, liver, of the,	143
stomach, of the,	99
Cardiac dilatation,	190
fatty degeneration,	192
hypertrophy,	189

cyamus; Nux mos.; Platinum; Sepia; Valerium; Zincum; and, in fact, every medicine in the materia medica, must be studied.

NEURASTHENIA.

Synonyms.—Nervous prostration.

Definition.—A weakness of the nervous system.

Etiology.—Chronic diseases which lowers the patient's vitality; excessive and constant mental worry; self-abuse; excesses of any kind, and a hereditary pre-disposition to a weakened nervous system.

Symptoms.—The first symptoms are those of general mental and physical prostration. The patient finds his usual vocation burdensome, he cannot do his accustomed work well; cannot concentrate his mind; can not remember well. The least work of any kind soon tires him. He becomes depressed, low-spirited, irritable; his sleep is disturbed; there may be vertigo, and headache. There is palpitation of the heart. Various pains are experienced throughout the body. Often there are many of the symptoms of hysteria; also, many of the symptoms of lithæmia.

Prognosis.—Good.

Treatment.—Must be largely hygienic and dietetic. The patient must have rest, away from cares and troubles, his surroundings must be pleasant. Regulate his daily exercise. Sleep, which is very essential to those suffering from

Cerebral, hyperæmia,	296
softening,	299
thrombosis,	298
Cerebro-spinal fever,	220
meningitis,	220
Chicken-pox,	246
Child crowing,	20
Chills and fever,	228
Chlorosis,	170
Cholelithiasis,	144
Cholera,	260
Asiatic,	260
English,	107
epidemic,	260
infantum,	109
malignant,	260
morbus,	107
sporadic,	107
Cholérine,	262
Chorea,	329
Chronic gastric catarrh, <i>see dyspepsia.</i>	
nasal catarrh,	4
pneumonia,	64
Cirrhosis, kidney, of the,	154
lungs, of the,	64
liver, of the,	136
Clergyman's sore throat,	11
Cold on the chest,	22
in the head,	1
Cold, rose,	40
Colic, biliary,	183
hepatic,	183
intestinal,	117
renal,	160
Colitis,	256
Coma, uræmic,	147
Comma bacillus,	261
Congenital myotoma,	339
Congestion, cerebral,	296

with a sharp, shrill, scream, the epileptic cry, falls unconscious, with twitchings of the various muscles, which is soon followed by tonic spasms. The head is drawn to one side; the limbs are extended; the teeth clenched; and the hands tightly closed. The patient froths at the mouth; and often the tongue is bitten. After a few seconds the violent spasm relaxes somewhat and the contractions become clonic, or intermittent. This irregular and intermittent contraction causes the limbs to jerk and often the body itself is moved. Involuntary evacuations from both the bowels and bladder occur. The face at first, is pale, but later is cyanosed, and finally during the coma is congested. This clonic condition lasts for a few minutes; and is followed by a state of coma. The spasm is now gone; the face is congested; the patient falls into a sleep, and awakens in a few hours, feeling no worse for his experience than a slight mental confusion.

Petit Mal.—Epilepsy without the convulsions, as Olser puts it. The patient may experience a slight vertigo, or a momentary unconscious spell; followed by a slight mental confusion.

Jacksonian Epilepsy.—In this variety the patient retains consciousness. The spasm begins in some one portion of the body, and gradually spreads until the whole body is convulsed.

If the convulsions should follow each other in such rapid succession that the patient does not regain consciousness between them the condition is called "*status epilepticus.*"

Anæmia, idiopathic,	173
lymphatic,	176
pernicious,	173
primary,	170
secondary,	168
symptomatic,	168
varieties of,	168
Angina catarrhalis,	85
pectoris,	199
tonsillaris,	81
Aortic insufficiency,	193
obstruction,	194
regurgitation,	193
stenosis,	194
Aphasia,	304
ataxic,	304
motor,	304
sensory,	304
Aphthous stomatitis,	76
Apoplexy cerebral,	299
pulmonary,	46
Appendicitis,	121
Arachnitis,	294
Argyll-Robertson pupil,	317
Arrhythmia,	199
Arteries, diseases of,	203
Artero-sclerosis,	203
Arthritis deformans,	284
Articular rheumatism,	279
Ascaris lumbricoides,	120
Ascending paralysis,	322
Ascites,	127
Asthma,	35
bronchial,	35
hay,	40
Kopp's,	20
nervous,	35
spasmodic,	35
Ataxia, hereditary,	316

Brain, diseases of,	296
softening of,	299
Break-bone fever,	224
Breast-pang,	199
Bright's disease, acute,	150
chronic,	152
cirrhotic,	154
Bronchial catarrh, acute,	22
catarrh, chronic,	26
hemorrhage,	42
Bronchial tubes, dilatation of,	35
Bronchiectasis,	35
Bronchitis, acute,	22
capillary,	30
catarrhal,	22
chronic,	26
croupous,	33
diphtheric,	33
fibrinous,	33
plastic,	33
pseudo-membraneous,	33
Broncho-pneumonia,	30
Bronchorrhagia,	42
Bronzed-skin disease,	177
Bulbar paralysis,	315
Caissons' disease,	321
Calculi, biliary,	144
hepatic,	144
renal,	160
Camp fever,	215
Cancer, liver of the,	143
stomach, of the,	99
Cancrum oris,	77
Capillary bronchitis,	30
Carcinoma, liver of the,	143
stomach, of the,	99
Cardiac dilatation,	190
fatty degeneration,	192
hypertrophy,	189

THOMSEN'S DISEASE.

Synonyms.—Congenital myotonia.

Definition.—A disease characterized by tonic spasms of the muscles, caused by voluntary movements.

Etiology.—Its cause is unknown; it appears in certain families, from one generation to another; particularly in the male.

Symptoms.—The disease appears in infancy. It is manifest when the patient attempts to put a muscle into action, when the muscle becomes rigid, which rigidity lasts for a few seconds, when the movement may be made. This disease is usually limited to the muscles of the limbs.

Prognosis.—Incurable; although relief may be given.

Treatment.—Must be general.

RAYNAUD'S DISEASE.

Synonyms.—Symmetrical gangrene; local asphyxia.

Definition.—A disease due to vaso-motor influences, characterized by local anæmia, congestion, and finally in fully developed cases, gangrene.

Etiology.—Not known.

Symptoms.—The onset of the disease is usually sudden. The affected part, which is generally the finger or toe, becomes bloodless, hence pale in color, very cold to the touch, shrunken, and anæsthetic. This is the stage of local anæmia; which, however, is soon followed

Cerebral, hyperæmia,	296
softening,	299
thrombosis,	298
Cerebro-spinal fever,	220
meningitis,	220
Chicken-pox,	246
Child crowing,	20
Chills and fever,	228
Chlorosis,	170
Cholelithiasis,	144
Cholera,	260
Asiatic,	260
English,	107
epidemic,	260
infantum,	109
malignant,	260
morbus,	107
sporadic,	107
Cholérine,	262
Chorea,	329
Chronic gastric catarrh, <i>see dyspepsia.</i>	
nasal catarrh,	4
pneumonia,	64
Cirrhosis, kidney of the,	154
lungs, of the,	64
liver, of the,	136
Clergyman's sore throat,	11
Cold on the chest,	22
in the head,	1
Cold, rose,	40
Colic, biliary,	183
hepatic,	183
intestinal,	117
renal,	160
Colitis,	256
Coma, uræmic,	147
Comma bacillus,	261
Congenital myotoma,	339
Congestion, cerebral,	296

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Symptoms.—The disease generally declares itself when the child commences to walk; the muscles are plump but there is excessive weakness; the child stumbles and always wants support. The muscles enlarge, particularly those of the lower limbs. In standing the child has his feet apart, the shoulders thrown back, protruding the stomach, and curving the back. When attempting to rise he must help himself by grasping his knees, then his legs, then his thigh, until finally he is erect. This has been called "climbing up his thighs." The muscles are paralyzed, yet the pseudo-hypertrophy gives the child an appearance of excessive strength.

Prognosis.—Incurable; although the patient may live for years.

Treatment.—Must be general. Massage is beneficial.

INDEX.

	PAGE.
Abdominal dropsy,	127
typhus,	205
Abscess, cerebral,	303
hepatic,	139
Acute articular rheumatism	279
Bright's disease,	150
bulbar paralysis,	315
coryza,	I
gastric catarrh,	87
gastritis,	87
laryngitis,	9
lobar pneumonia,	51
meningitis,	294
pharyngitis,	85
tuberculosis,	270
uræmia,	147
yellow atrophy,	140
Addison's disease,	177
Agraphia,	304
Ague,	228
Albuminoid liver,	142
Alexia,	304
Amœba coli,	256
Amygdalitis,	81
Amyloid kidney,	157
liver,	142
Amytrophic lateral sclerosis,	313
Anæmia,	168
cerebral,	297
cytogenic,	168
essential,	168
fatty heart, of,	173

Anæmia, idiopathic,	173
lymphatic,	176
pernicious,	173
primary,	170
secondary,	168
symptomatic,	168
varieties of,	168
Angina catarrhalis,	85
pectoris,	199
tonsillaris,	81
Aortic insufficiency,	193
obstruction,	194
regurgitation,	193
stenosis,	194
Aphasia,	304
ataxic,	304
motor,	304
sensory,	304
Aphthous stomatitis,	76
Apoplexy, cerebral,	299
pulmonary,	46
Appendicitis,	121
Arachnitis,	294
Argyll-Robertson pupil,	317
Arrhythmia,	199
Arteries, diseases of,	203
Artero-sclerosis,	203
Arthritis deformans,	284
Articular rheumatism,	279
Ascaris lumbricoides,	120
Ascending paralysis,	322
Ascites,	127
Asthma,	35
bronchial,	35
hay,	40
Kopp's,	20
nervous,	35
spasmodic,	35
Ataxia, hereditary,	316

Ataxia, locomotor,	322
Ataxic paraplegia,	320
Atelectasis,	65
Atheroma,	203
Atonic dyspepsia,	88
Atrophic spinal paralysis,	312
Atrophy, acute yellow,	140
Aura epileptica,	334
Autumnal catarrh,	40
fever,	205
Bacillus, comma,	261
Klebs-Löffler,	236
of Eberth,	205
of Pfeiffer,	225
tuberculosis,	268
Basedow's disease,	338
Bastard pleurisy,	30
Bell's palsy,	328
Beri beri,	324
Bile-ducts, catarrh of,	132
Biliary calculi,	144
colic,	144
Bilious remittent fever,	232
Black vomit,	217
Bladder inflammation of,	163
catarrh of,	163
Bleeders' disease,	178
Blood, diseases of,	168
urine, in the,	162
vomiting,	100
vessels, diseases of,	203
Bloody flux,	256
Bothriocephalus latus,	119
Bowels, diseases of,	104
Brachycardia, see bradycardia.	
Bradycardia,	199
Brain, abscess of,	303
anæmia of,	297
congestion of,	296

Brain, diseases of,	296
softening of,	299
Break-bone fever,	224
Breast-pang,	199
Bright's disease, acute,	150
chronic,	152
cirrhotic,	154
Bronchial catarrh, acute,	22
catarrh, chronic,	26
hemorrhage,	42
Bronchial tubes, dilatation of,	35
Bronchiectasis,	35
Bronchitis, acute,	22
capillary,	30
catarrhal,	22
chronic,	26
croupous,	33
diphtheric,	33
fibrinous,	33
plastic,	33
pseudo-membraneous,	33
Broncho-pneumonia,	30
Bronchorrhagia,	42
Bronzed-skin disease,	177
Bulbar paralysis,	315
Caissons' disease,	321
Calculi, biliary,	144
hepatic,	144
renal,	160
Camp fever,	215
Cancer, liver, of the,	143
stomach, of the,	99
Cancrum oris,	77
Capillary bronchitis,	30
Carcinoma, liver, of the,	143
stomach, of the,	99
Cardiac dilatation,	190
fatty degeneration,	192
hypertrophy,	189

Cardiac, irritability,	198
neuralgia,	199
valvular diseases,	193
Cardialgia,	95
Cardio-sclerosis,	188
Carditis,	187
Catarrh, autumnal,	40
bile ducts, of the,	132
bladder of the,	163
bronchial, acute,	22
chronic,	26
epidemic,	225
gastric, acute,	87
chronic, <i>see dyspepsia.</i>	
mouth of the,	75
nasal, acute,	1
atrophic,	6
chronic,	4
hypertrophic,	5
pollen,	40
rectum, of the,	122
suffocative,	30
Catarrhal, dyspepsia,	89
enteritis,	104
fever,	225
jaundice,	132
laryngitis, acute,	9
chronic,	11
nephritis,	150
pharyngitis,	85
pneumonia,	61
stomatitis,	75
Cerebral, abscess,	303
anæmia,	297
apoplexy,	299
congestion,	296
embolism,	298
fever,	294
hemorrhage,	299

Cerebral, hyperæmia,	296
softening,	299
thrombosis,	298
Cerebro-spinal fever,	220
meningitis,	220
Chicken-pox,	246
Child crowing,	20
Chills and fever,	228
Chlorosis,	170
Cholelithiasis,	144
Cholera,	260
Asiatic,	260
English,	107
epidemic,	260
infantum,	109
malignant,	260
morbus,	107
sporadic,	107
Cholérine,	262
Chorea,	329
Chronic gastric catarrh, see dyspepsia.	
nasal catarrh,	4
pneumonia,	64
Cirrhosis, kidney, of the,	154
lungs, of the,	64
liver, of the,	136
Clergyman's sore throat,	11
Cold on the chest,	22
in the head,	1
Cold, rose,	40
Colic, biliary,	183
hepatic,	183
intestinal,	117
renal,	160
Colitis,	256
Coma, uræmic,	147
Comma bacillus,	261
Congenital myotoma,	339
Congestion, cerebral,	296

Congestion, hepatic,	129
pulmonary,	47
renal,	148
Congestive chills,	232
Constipation,	113
Consumption,	275
throat,	12
Convulsion, uræmic,	147
Contracted kidney,	154
Coryza, acute,	1
chronic,	4
Costiveness,	113
Cowpox	244
Croup, catarrhal,	15
false,	15
membranous,	17
pseudo-membranous,	9
spasmodic,	15
true,	17
Croupous bronchitis,	33
laryngitis,	17
pneumonia,	51
stomatitis,	76
Curschmann's spirals,	36
Cystitis,	163
Dandy fever	224
Dengue,	224
Diabetes, insipidus,	289
mellitus,	288
Diarrhœa,	105
varieties of,	105
Diathesis hemorrhagic,	178
lithic acid,	291
Digestive system, diseases of,	75
Dilatation bronchial,	35
cardiac,	190
gastric,	102
Diphtheria,	236
Diphtheric bronchitis,	33

Disease, Addison's	177
Basedow's,	338
bleeders'	178
Bright's,	150
bronzed-skin,	177
Caisson,	321
Duchenne's,	316
Friedreich's,	322
Graves',	338
Gull and Sutton,	203
Hodgkin's,	126
Landry's	322
Meniere's,	305
Parkinson's,	336
Raynaud's,	339
Thomsen's,	339
Diseases of the appendix,	121
arteries,	203
bladder,	163
blood,	168
bronchial tubes,	22
cerebral membrane,	293
cerebrum,	296
circulatory system,	180
constitutional,	279
digestive system,	75
heart,	186
intestines,	104
kidney,	147
larynx,	9
liver,	129
lungs,	45
mouth,	75
nasal passages,	1
nerves,	324
nervous system,	293
pericardium,	180
peritoneum,	123
pharynx,	81

Diseases of the pleura,	68
rectum,	122
respiratory system,	1
specific infectious,	205
spinal cord,	309
stomach,	87
Disseminated cerebral spinal sclerosis,	320
Dizziness,	305
Dropsy, abdominal,	127
pericardial,	185
peritoneal,	127
pleural,	73
Duchenne's disease,	316
Dura-mater, inflammation of,	293
Dysentery,	256
Dyspepsia,	88
atonic,	88
catarrhal,	89
nervous,	88
Echinococcus of the liver,	144
Elephantiasis Græcorum,	264
Embolism, cerebral,	298
Emphysema,	66
Encephalitis,	303
Endocarditis,	186
acute,	187
chronic,	187
exudative,	187
interstitial,	187
malignant,	187
ulcerative,	187
varieties of,	187
English cholera,	104
Enteralgia,	117
Enteric fever,	205
Enteritis,	104
acute,	104
catarrhal,	104
chronic,	104

Anæmia, idiopathic,	173
lymphatic,	176
pernicious,	173
primary,	170
secondary,	168
symptomatic,	168
varieties of,	168
Angina catarrhalis,	85
pectoris,	199
tonsillaris,	81
Aortic insufficiency,	193
obstruction,	194
regurgitation,	193
stenosis,	194
Aphasia,	304
ataxic,	304
motor,	304
sensory,	304
Aphthous stomatitis,	76
Apoplexy cerebral,	299
pulmonary,	46
Appendicitis,	121
Arachnitis,	294
Argyll-Robertson pupil,	317
Arrhythmia,	199
Arteries, diseases of,	203
Artero-sclerosis,	203
Arthritis deformans,	284
Articular rheumatism,	279
Ascaris lumbricoides,	120
Ascending paralysis,	322
Ascites,	127
Asthma,	35
bronchial,	35
hay,	40
Kopp's,	20
nervous,	35
spasmodic,	35
Ataxia, hereditary,	316

Ataxia, locomotor,	322
Ataxic paraplegia,	320
Atelectasis,	65
Atheroma,	203
Atonic dyspepsia,	88
Atrophic spinal paralysis,	312
Atrophy, acute yellow,	140
Aura epileptica,	334
Autumnal catarrh,	40
fever,	205
Bacillus, comma,	261
Klebs-Loeffler,	236
of Eberth,	205
of Pfeiffer,	225
tuberculosis,	268
Basedow's disease,	338
Bastard pleurisy,	30
Bell's palsy,	328
Beri beri,	324
Bile-ducts, catarrh of,	132
Biliary calculi,	144
colic,	144
Bilious remittent fever,	232
Black vomit,	217
Bladder inflammation of,	163
catarrh of,	163
Bleeders' disease,	178
Blood, diseases of	168
urine, in the,	162
vomiting,	100
vessels, diseases of,	203
Bloody flux,	256
Bothriocephalus latus,	119
Bowels, diseases of,	104
Brachycardia, see bradycardia.	
Bradycardia,	199
Brain, abscess of,	303
anæmia of,	297
congestion of,	296

Brain, diseases of,	296
softening of,	299
Break-bone fever,	224
Breast-pang,	199
Bright's disease, acute,	150
chronic,	152
cirrhotic,	154
Bronchial catarrh, acute,	22
catarrh, chronic,	26
hemorrhage,	42
Bronchial tubes, dilatation of,	35
Bronchiectasis,	35
Bronchitis, acute,	22
capillary,	30
catarrhal,	22
chronic,	26
croupous,	33
diphtheric,	33
fibrinous,	33
plastic,	33
pseudo-membraneous,	33
Broncho-pneumonia,	30
Bronchorrhagia,	42
Bronzed-skin disease,	177
Bulbar paralysis,	315
Caissons' disease,	321
Calculi, biliary,	144
hepatic,	144
renal,	160
Camp fever,	215
Cancer, liver, of the,	143
stomach, of the,	99
Cancrum oris,	77
Capillary bronchitis,	30
Carcinoma, liver, of the,	143
stomach, of the,	99
Cardiac dilatation,	190
fatty degeneration,	192
hypertrophy,	189

Hemicrania,	306
Hemorrhage, bronchial,	42
cerebral,	299
gastric,	100
pulmonary,	45
renal,	162
Hemorrhagic diathesis,	178
Hepatic calculi,	144
cancer,	143
colic,	144
Hepatitis, diffuse or general parenchymatous, . . .	140
interstitial,	136
parenchymatous,	139
suppurative,	139
Hereditary ataxia,	322
Hernia of the intestines,	116
Hodgkin's disease,	126
Hooping cough,	235
Hospital fever,	215
Hydatids of the liver,	144
Hydrocephalus, acute,	271
chronic,	308
Hydronephrosis,	159
Hydropericardium,	185
Hydroperitoneum,	127
Hydrothorax,	73
Hydrophobia,	266
Hydrops-pulmonum,	49
Hyperæmia, see congestion.	
Hypertrophy of the heart,	189
Hypostatic congestion,	48
pneumonia,	48
Hysteria,	330
Hystero-epilepsy,	331
Icterus,	131
gravis,	140
Ileo-colitis,	105
Indigestion,	88
Induration, pulmonary,	64

Cerebral, hyperæmia,	296
softening,	299
thrombosis,	298
Cerebro-spinal fever,	220
meningitis,	220
Chicken-pox,	246
Child crowing,	20
Chills and fever,	228
Chlorosis,	170
Cholelithiasis,	144
Cholera,	260
Asiatic,	260
English,	107
epidemic,	260
infantum,	109
malignant,	260
morbus,	107
sporadic,	107
Cholérine,	262
Chorea,	329
Chronic gastric catarrh, see dyspepsia.	
nasal catarrh,	4
pneumonia,	64
Cirrhosis, kidney of the,	154
lungs, of the,	64
liver of the,	136
Clergyman's sore throat,	11
Cold on the chest,	22
in the head,	1
Cold, rose,	40
Colic, biliary,	183
hepatic,	183
intestinal,	117
renal,	160
Colitis,	256
Coma, uræmic,	147
Comma bacillus,	261
Congenital myotoma,	339
Congestion, cerebral,	296

Kidney, waxy,	157
white, large,	153
Kopp's asthma,	20
Landry's disease,	322
La grippe,	225
La rage,	266
Larynx, diseases of,	9
inflammation of,	9
œdema,	14
Laryngismus stridulous,	20
Laryngitis, acute catarrhal,	9
chronic catarrhal,	11
croupous,	17
œdematous,	14
pseudo-membraneous,	17
tubercular,	12
syphilitica,	13
Lardaceous kidney,	157
liver,	142
Lateral sclerosis,	319
Lepræ,	264
Leprosy,	264
Leptomeningitis, acute,	294
spinalis,	309
Leucæmia,	175
lymphatic,	175
myelogenic,	175
pseudo—,	176
splenic,	175
Leucocythæmia,	175
pseudo,	176
Lithæmia,	291
Lithic-acid diathesis,	291
Liver, abscess of,	139
albuminoid,	142
amyloid,	142
atrophy, acute yellow,	140
cancer of,	143
congestion,	129

Liver, cirrhosis,	136
atrophic,	136
hypertrophic,	137
diseases of,	129
echinococcus,	144
gin-drinkers',	136
granular,	136
gouty,	136
hob-nail,	136
hydatids of,	144
inflammation of,	139
lardaceous,	142
nutmeg,	129
sclerosis of,	136
waxy,	142
Lockjaw,	267
Locomotor ataxia,	316
Lumbago,	283
Lung fever,	51
Lungs, cirrhosis, of,	64
collapse of,	65
congestion of,	47
consumption of,	275
diseases of,	45
gangrene, of	64
hemorrhage of,	45
hyperæmia of,	47
œdema of,	49
splenization of,	48
Lymphadenosis,	176
Lyssa,	266
Malarial cachexia,	233
fever,	227
Malignant malaria,	232
quinsy,	236
Masked intermittent fever,	234
Measles,	250
black,	251
epidemic,	252

INDEX.

359

Measles, German,	252
hemorrhagic,	251
malignant,	251
Mediterranean fever,	217
Melasma supra-renal,	177
Membranous croup,	17
Meniere's disease,	305
Meningitis, acute,	294
basilar,	271
cerebro-spinal,	220
spinal,	309
tuberculous,	271
Migraine,	306
Mitral insufficiency or regurgitation,	195
stenosis or obstruction,	196
Morbilli,	250
Morbus maculosus,	179
Mouth, catarrh of,	25
diseases of,	75
Multiple neuritis,	324
Multiple sclerosis,	320
Mumps,	234
Muscular atrophy, progressive,	313
Muguet,	78
Myalgia,	283
Myelitis, acute,	310
of the anterior horns of the cord,	312
Myocarditis, acute,	187
chronic	188
Myotonia, congenital,	339
Nasal catarrh, acute,	1
atrophic,	6
chronic,	4
hypertrophic,	5
Nephritis, acute,	150
catarrhal,	150
chronic,	153
interstitial,	154
Nephrolithiasis,	160

Nervous dyspepsia,	88
fever,	205
prostration,	333
Neuralgia,	325
heart, of the,	199
intercostal,	325
stomach, of the,	95
trifacial,	325
Neurasthenia,	333
Neuritis,	324
multiple,	324
Noma,	76
Nose, diseases of,	I
Nutmeg liver,	129
Occlusion of the intestines,	116
Œdema, glottis, of the,	14
lung, of the,	49
Pachymeningitis.	293
spinalis,	309
Palpitation,	198
Palsy, Bell's,	328
shaking,	336
wasting,	313
Paralysis agitans,	336
ascending,	322
atrophic spinal,	312
Bell's,	328
bulbar,	315
Dever's,	321
Duchenne's,	316
facial,	328
glosso-labio-laryngeal,	315
infantile spinal,	312
Landry's,	322
pseudo-hypertrophic,	340
spastic spinal,	319
Paraphasia,	305
Paraplegia, ataxic,	320
spastic,	319

Parasites, intestinal,	119
Parasitic stomatitis,	78
Parkinson's disease,	336
Parotitis,	234
Pericarditis,	180
Pericardium, air in,	186
blood in,	186
diseases of,	180
dropsy of,	185
inflammation of,	180
Periodical vasomotor rhinitis,	40
Peritoneum, diseases of,	123
Peritoneal dropsy,	127
Peritonitis,	123
Perityphlitis,	121
Pernicious anæmia,	173
malarial fever,	232
Pertussis,	235
Petit mal,	335
Phagedæma of the mouth,	77
Pharyngitis, acute,	85
phlegmonous,	81
Pharynx, diseases of,	81
Phlegmonous pharyngitis,	81
Phthisis,	268-274
acute,	270
chronic,	275
ulcerative,	275
fibroid,	277
Florida,	270
laryngeal,	12
miliary,	270
pneumonic,	275
pulmonalis,	274
typhoid form of,	270
Plastic bronchitis,	33
Pleura, diseases of,	68
dropsy of,	73
inflammation of,	68

Pleural cavity, air in,	74
blood in,	74
Pleurisy,	68
bastard,	30
varieties of,	68
Pleurodynia,	284
Pleuro-pneumonia,	51
Pneumonia,	64
broncho-,	61
catarrhal,	61
chronic,	64
croupous,	51
ensular,	61
fibroid,	64
hypostatic,	48
interstitial,	64
lobar,	51
lobular,	61
serous,	49
Pneumonitis,	51
Pneumopericardium,	186
Pneumothorax,	74
Podoglia,	285
Polio-myelitis, anterior,	312
chronic,	313
Pollen catarrh,	40
Polyneuritis,	324
Polyuria,	289
Posterior spinal sclerosis,	316
Proctitis,	112
Progressive muscular atrophy,	313
pernicious anæmia,	173
Prosopalgia,	325
Pseudo-croup,	9
hypertrophic paralysis,	340
leucæmia,	176
leucocythæmia,	176
membranous bronchitis,	33
Pulmonary apoplexy,	46

INDEX.

363

Pulmonary, collapse,	65
emphysema,	66
induration,	64
infaction,	46
œdema,	49
Pulmonary insufficiency or regurgitation,	197
stenosis or obstruction,	198
Purpura hemorrhagica,	179
Pyelitis,	158
Pyelonephritis,	158
Pyloric obstruction,	102
Pyonephrosis,	158
Quinsy,	81
malignant,	236
Rabies,	266
Raynaud's disease,	339
Rectitis,	122
Rectum, diseases of,	122
Relapsing fever,	223
Remittent fever,	232
Renal calculus,	160
colic,	160
gravel,	160
hyperæmia,	160
Rheumatic fever,	279
gout,	284
Rheumatism, articular,	279
chronic,	282
inflammatory,	279
muscular,	283
Rheumatoid, arthritis,	284
Rhinitis, acute,	1
chronic,	4
periodical vaso-motor,	40
Rotheln,	252
Round worms,	120
Rubella,	252
Rubeola,	250

St. Vitus' dance,	329
St. Anthony's fever,	253
Scarlatina,	246
Scarlet fever,	246
Sciatica,	326
Sclerosis, amyotrophic lateral,	313
cerebro-spinal,	320
disseminated,	320
kidney, of the,	154
lateral,	319
liver, of the,	136
multiple,	320
posterior,	316
spinal,	316
Scorbutus	177
Scurvy,	177
Shaking palsy,	316
Ship fever,	215
Sick headache,	306
Small pox,	240
Softening of the brain,	299
Sore throat,	85
Spasm of the glottis,	20
of the stomach,	95
Spasmodic croup,	15
Spastic paraplegia,	319
Spinal meningitis,	309
muscular atrophy,	313
paralysis, infantile,	312
sclerosis,	316
Spirillum fever,	223
Sporadic cholera,	107
Spotted fever,	220
Sprue,	78
Status epilepticus,	335
Stenocardia,	199
Stomach, cancer of,	99
dilatation of,	102
diseases of	87

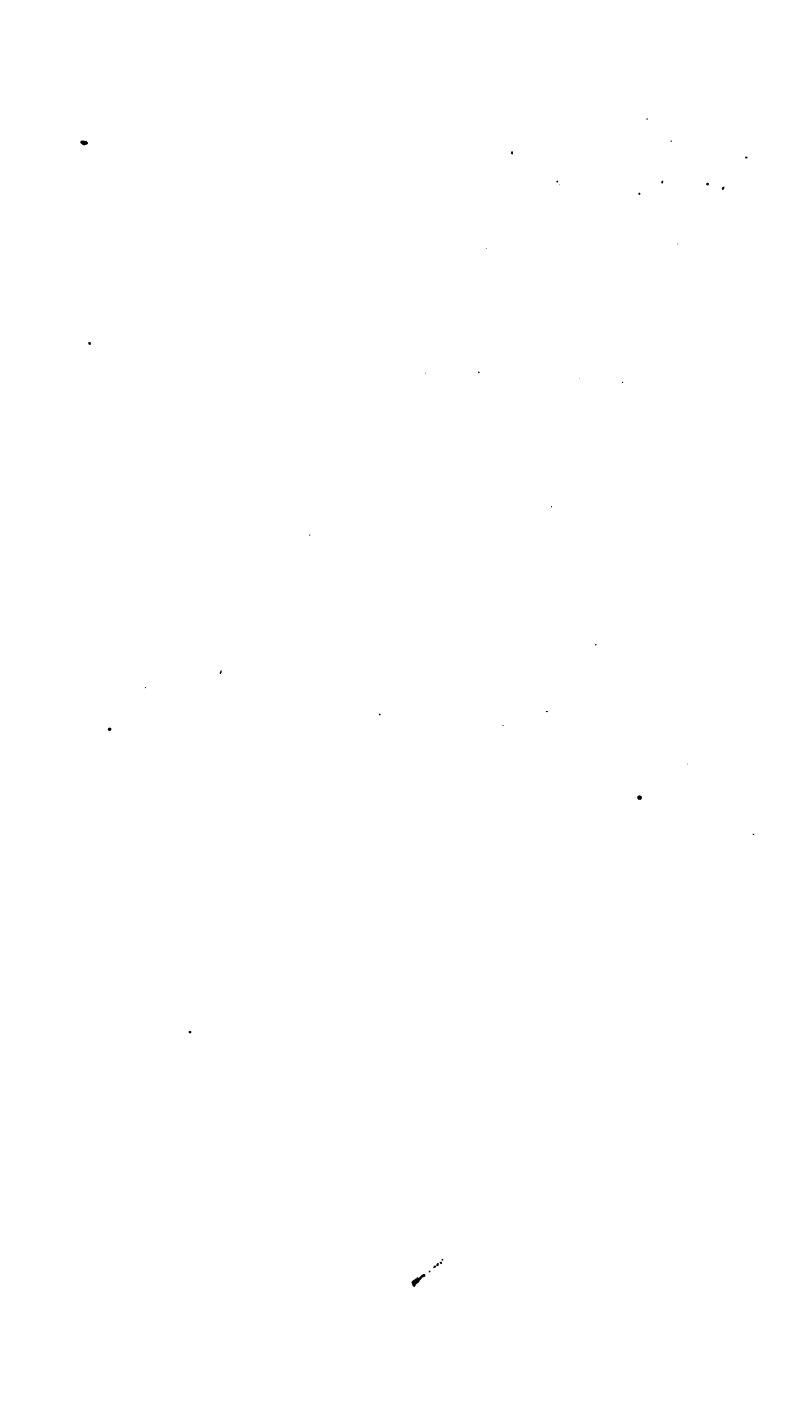
Stomach, hemorrhage from,	100
inflammation of,	86
neuralgia of,	95
spasm of,	95
ulcer of,	97
Stomatitis, aphthous,	76
catarrhal,	75
croupous,	76
follicular,	76
gangrenous,	77
parasitic,	78
ulcerative,	76
vesicular,	76
Stricture of the intestines,	116
Suffocative catarrh,	30
Summer complaint,	109
Sunstroke,	307
Symmetrical gangrene,	339
Syphilitic laryngitis,	13
Tabes doralis,	316
Tachycardia,	179
Tapeworm,	119
Tetanus,	267
Thermic fever,	307
Thomsen's disease,	339
Thoracic dropsy,	73
Throat consumption,	12
Thrombosis, cerebral,	298
Thrush,	78
Tic-douloureux,	325
Tinea solium,	119
Tongue, inflammation of,	79
Tonsils, hypertrophy of,	84
inflammation of,	81
swelling of,	81
Tonsillitis,	81
Tormina,	117
Torticollis,	284
Trichinæ,	290

Trichinosis,	296
Tricuspid, insufficiency or regurgitation,	197
stenosis or obstruction,	197
Trifacial neuralgia,	325
Trismus,	267
Tubercle, bacilli,	268
Tuberculosis,	268
acute,	270
acute pneumonic,	275
chronic,	275
fibroid,	277
pulmonary,	274
Typhlitis,	121
Typho-malarial fever,	232
Typhoid fever,	203
Typhus, abdominalis,	205
exanthematic,	215
fever,	215
Ulcer, gastric,	97
Ulcerative stomatitis,	76
Uræmia,	147
coma,	147
uræmic convulsions,	147
poisoning,	147
Uric acid diathesis,	219
Vaccination,	244
Vaccinia,	244
Valvular disease of the heart,	193
Valvulitis,	186
Varicella,	246
Variola,	246
Varioloid,	242
Vertigo,	305
auditory,	305
gastric,	305
nervous,	305
ocular,	305
Vesicular emphysema,	66
Valvulus,	117

INDEX.

367

Wasting palsy,	313
Waxy kidney,	157
liver,	78
White mouth,	78
Whooping cough,	235
Winter cough,	26
Worms, intestinal,	119
round,	120
tape,	119
thread,	121
Wry-neck,	284
Yearly cold,	40
Yellow atrophy of the liver, acute,	140
Yellow fever,	217
jack,	217









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